

Sociology Ph.D. Thesis

Managing Health and Masculinities

Negotiating Identities over the Life Course

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for the
degree of Doctor of Philosophy*

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Thesis Abstract

Managing Health and Masculinities

To date, very little research has been conducted into how men negotiate masculinities over the life course, and how health and ageing affect men's masculinities. This thesis considers the importance of gender to men's health issues and develops a theoretical model to analyse how men develop strategies to negotiate masculinities, health and ageing over the life course, and the importance of the body to men's identities.

This thesis also considers men's health issues and men's masculinities across a broad range of ages. In Australian society, the smooth, lean, toned, youthful male body has come to represent the culturally dominant ideal that personifies hegemonic masculinity (e.g., strong, hard, powerful, virile, competent). As men's bodies' age and shift further from the ideal, little is known about how they come to negotiate masculinity. Furthermore, how this transition affects their health and wellbeing is currently under-explored.

Health, in turn, may also be negotiated to protect a masculine identity. Little is understood as to how and why men negotiate masculinities over the life course or what this ultimately means to men's health more broadly. This thesis investigates these issues by engaging in empirical research involving in-depth interviews with men from around Tasmania, Australia, and analysing the results to understand what health and masculinity mean to men of different ages, and the ways in which each impinges on the other over the course of men's lives.

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This thesis is dedicated to the memory of my late mother, Helen, whose devotion was a perpetual source of inspiration.

Table of Contents

Statement of originality and authority of access	ii
Thesis abstract	iii
Acknowledgments	iv
Table of contents	v
List of tables and figures	viii

Introduction	1
-------------------------------	----------

Chapter 1 – DIRECTIONS IN MEN’S HEALTH

1.1. Introduction	6
1.2. Understanding Men’s Health	7
1.2.1. <i>Epidemiology and men’s health</i>	8
1.2.2. <i>Men’s health and gender</i>	16
1.3. Conclusion	20

Chapter 2 – THEORISING MEN’S MASCULINITIES

2.1. Introduction	21
2.2. Men and Masculinities	22
2.2.1. <i>Hegemonic masculinity and the gender order</i>	25
2.2.2. <i>Hegemonic masculinity and health</i>	30
2.2.3. <i>Habitus, fields and masculinities</i>	40
2.2.4. <i>The field of masculinity</i>	49
2.2.5. <i>Theoretical synthesis: Connell and Bourdieu.</i>	55
2.3. Conclusion	64

Chapter 3 – MEN’S HEALTH, MASCULINITY AND AGEING

3.1. Introduction	66
3.2. Men’s Health, Masculinity and the Male Body	67
3.2.1. <i>Masculinity and the male body</i>	70
3.2.2. <i>The male body and physical capital</i>	75
3.2.3. <i>Health and men’s bodies</i>	80
3.2.4. <i>Commodification of men’s bodies and masculinities</i>	87
3.2.5. <i>Men’s health and body image</i>	94

3.3.	Understanding Men's Health and Ageing	99
3.3.1.	<i>Men and ageing</i>	102
3.3.2.	<i>Social ageing and identity</i>	106
3.3.3.	<i>Negotiating health, ageing and masculinity</i>	112
3.4.	Conclusion	116

Chapter 4 – ENGAGING MEN

4.1.	Introduction	119
4.2.	Research Methodology	120
4.2.1.	<i>Qualitative methodology</i>	120
4.2.2.	<i>Grounded theory</i>	121
4.3.	Method of Data Collection	125
4.3.1.	<i>Field notes</i>	125
4.3.2.	<i>Semi-structured interviews</i>	126
4.3.3.	<i>Sampling strategies</i>	134
4.3.4.	<i>Ethical procedures</i>	139
4.4.	Data Analysis	139
4.4.1.	<i>Open coding</i>	140
4.4.2.	<i>Axial coding</i>	142
4.4.3.	<i>Selective coding</i>	144
4.5.	Conclusion	145

Chapter 5 – IN THE FIELD OF MASCULINITY

5.1.	Introduction	147
5.2.	Supporting Hegemonic Masculinity	149
5.2.1.	<i>What does masculinity mean?</i>	152
5.2.2.	<i>Performing hegemonic masculinity</i>	156
5.2.3.	<i>Defending hegemonic masculinity</i>	163
5.3.	Dominant Masculinities Subordinated in the Field of Masculinity	166
5.3.1.	<i>Mosaic masculinities</i>	167
5.3.2.	<i>Operating in the field of gender</i>	172
5.3.3.	<i>Subfields in the field of masculinity</i>	180
5.3.4.	<i>Supporting dominant masculinities</i>	184
5.4.	Rejecting Masculinity	185
5.4.1.	<i>Perceptions of masculinity</i>	187
5.4.2.	<i>Childhood abuse and violence</i>	189
5.4.3.	<i>Erectile dysfunction and sexuality</i>	192
5.4.4.	<i>Difficulties bonding with men</i>	194
5.4.5.	<i>Willing the inevitable</i>	197
5.5.	Conclusion	198

Chapter 6 – NEGOTIATING MASCULINITIES: THE BODY, HEALTH AND AGEING

6.1.	Introduction	200
6.2.	Paradoxes of Health and Masculinity	202
6.2.1.	<i>Being masculine, looking healthy</i>	203
6.2.2.	<i>Body image, health and masculinity</i>	209
6.2.3.	<i>Risk taking and masculinity</i>	212
6.2.4.	<i>Eat, drink and be merry</i>	218
6.2.5.	<i>If it ain't broke, don't fix it</i>	222
6.2.6.	<i>Health in the field of masculinity</i>	228
6.3.	Masculinities and Ageing Men	232
6.3.1.	<i>Physical representations of masculinity</i>	234
6.3.2.	<i>Young men's bodies</i>	236
6.3.3.	<i>Men's ageing bodies</i>	241
6.3.4.	<i>Negotiating masculinity and compensating for age</i>	249
6.4.	Conclusion	254

Chapter 7 – MEN'S STRATEGIES

7.1.	Introduction	257
7.2.	Negotiating Masculinities	259
7.2.1.	<i>Hegemonic masculinity and the field of masculinity</i>	260
7.2.2.	<i>Strategies for negotiating masculinity over the life course</i>	264
7.3.	Understanding Health and Ageing	269
7.3.1.	<i>Health in the field of masculinity</i>	269
7.3.2.	<i>Ageing in the field of masculinity</i>	272
7.4.	Men's Health Issues	275
7.5.	Future research	278
7.6.	Conclusion	279

Appendix A:	Information sheet	282
Appendix B:	Consent form	283
Appendix C:	Details about interview participants	284
Reference list	293

List of Tables

Table 1.1: Life expectancy at birth, selected countries, 2002	10
Table 1.2: Leading underlying causes of death in Australia, all ages, 2002	11
Table 1.3: Age- and sex-specific distribution of deaths, 2002	12
Table 3.1: Demographic trends, population aged 65 years and over.	100
Table 3.2: Leading underlying causes of male deaths by age group, 2002	101
Table 3.3: Self assessed health status, persons aged 65 years and over in private households, 2001	105
Table 4.1: Draft interview schedule	132
Table 4.2: Strategies men use for negotiating masculinities over the life course	145
Table 5.1: Examples of the value of capital in the field of masculinity	151

List of Figures

Figure 2.1: The field of masculinity	50
Figure 2.2: Subfields in the field of masculinity	54
Figure 5.1: Supporting hegemonic masculinity	158
Figure 5.2: Mosaic masculinities	169
Figure 5.3: Drawing on hegemony in the field of gender	173
Figure 5.4: Dominant masculinities	181

I think there's a general reluctance on the part of men to discuss their medical problems and a reluctance to go to their GPs. I think problems associated with their prostate gland is a problem for many men. They're not going to talk about the fact that they urinate a lot more frequently; or that they have a fear that because of that they may have prostate cancer and the possibility of surgery, or even death.

We've got problems I think in testosterone levels as we get older and that men find that their virility is affected and they don't like to even mention that because they've all got this masculinity concern that they're not going to allow others into their private life.

I think that as you get older that there's a general lack of mobility and perhaps even accessibility to friends who've died or moved away or they've moved into a rest home and that sort of thing. So they've lost the circle of friends whose company they once enjoyed.

I think also there's a general fear of death that emerges as to the inevitability of it all. It's hard for them to see that their vigorous youth is now a memory and their inability to play sport or enjoy football, and all they can do is watch it instead of participating. And Alzheimer's is a fear that's generated every time we go to the refrigerator and think 'now why did I come here for'. Yes, and their inability to earn a living for themselves where they have to depend on a pension or superannuation. And that's a problem for many men, and that doesn't have to apply necessarily to old people.

Harold, 71, Retiree

Introduction

How men do masculinity, and the ways in which this impacts upon men's health, has been the subject of much debate in men's health literature, as well as within the sociological study of men's masculinities. The suggestion that men neglect their health or risk their health performing masculinity has generated a range of hypotheses around what is, and what is not, good for men (Helgeson, 1995; Sabo & Gordon, 1995; Waldron, 1995; White et al., 1995; Pattison, 1998; Connell, 2000; Courtenay, 2000). Yet much of the focus on men's masculinities has been on younger men (Thompson Jr., 1994; Grogan, 1999; Pease, 2002) and how younger men perform masculinity to the detriment of their health (Cameron & Bernardes, 1998). Little is understood about how men negotiate masculinity over the life course and how changing masculinities affects men's health over the life course. Furthermore, where the youthful, lean, muscular male body has come to epitomise both ideal health and masculinity (Wienke, 1998; Grogan, 1999), the ageing body and failing health need to be explored in relation to how they impact on men's masculinities in the context of men's everyday lives.

The research to date, along with the gaps in the literature, raises a series of questions in relation to men's health and ageing, and men's masculinities that need to be addressed. These include: What does it mean to be a man in contemporary Australian society? What strategies do men use to negotiate masculinities over the life course? How important is the body to men's masculinities? What impacts do changing health status and ageing have on men's masculinities? How do masculinities impact on men's health? What do health and

ageing mean to men in the context of their everyday lived experiences? Do older men, middle-aged men and young men experience and negotiate health, ageing and masculinities in the same ways? Considering these research questions, this thesis investigates the ways in which Australian men of different ages negotiate masculinities over the life course, particularly in response to their changing health status and ageing bodies.

To effectively generate substantive meaning around the study of men's masculinities and men's health issues requires the melding of relevant theory with empirical data. As Watson notes in his own analysis of men's health issues:

No one would deny that men's health has biological and behavioural aspects. Similarly, masculinity and health have been linked at the level of explanation. The problem is that these are 'part-definitions'. Moreover ... they have been operationalized around an essentialist view of what it means to be a man (for example: taking risks, being aggressive). This does not facilitate access to an understanding of the personal configuration of health in men's lives. Similarly, whilst gender and risk may be salient as research and policy issues, their relevance in the more immediate context of daily life is questionable. Yet, neither is insight acquired simply from adding in a dose of lay health beliefs, as is advocated as part of the new public health. There is a need to move beyond the fragmented definitions of men's health, and especially the role of masculinity, that currently dominate the admittedly sporadic and tetchy debate around the subject. This requires both a more assured engagement with relevant theory and substantial empirical investigation. The challenge is to discern whether and how masculinity and health operate within daily lives. (2000: 36)

In relation to relevant theory, Connell's concept of hegemonic masculinity has been used in conjunction with Bourdieu's concepts of habitus, capital and fields to develop a theoretical model of the ways in which men negotiate masculinities. The model shows how a theoretical synthesis of the work of Connell and Bourdieu can be used to better understand men's health issues. This model

emerged as a consequence of empirical qualitative research gathered through in-depth interviews with Australian men investigating men's lived experiences of masculinity in relation to their health and ageing bodies.

Chapter one begins by considering men's health issues and the broad social patterns in men's health. The chapter then progresses to consider how gender and health are interrelated and how performing masculinity affects men's health (e.g., binge drinking leading to cirrhosis of the liver, physical violence leading to grievous injuries). The chapter explores how a better understanding of men's health issues can be gained by considering the different ways in which men do masculinities and by focusing on men's lived experiences of health and masculinity.

Chapter two explores masculinity in theory and constructs a working model of a field of masculinity in which men negotiate masculinities in different contexts. The concept of hegemonic masculinity is complemented with the work of Pierre Bourdieu to broadly outline how masculinities are produced and reproduced and the struggles that exist between men who support dominant positions in the field of masculinity, and those who challenge them.

Chapter three looks at the relationship between the body and masculinity. Masculinity is often symbolically represented through a particular male body type. For example, the cultural ideal of the youthful, smooth, well-toned, lean male body has come to be associated with traits of hegemonic masculinity such as emotional strength, virility, potency, toughness and control. Yet inevitably bodies

change over the life course as a result of the ageing process and changes to health. This chapter explores the literature on men's health and ageing related to the body and masculinities and concludes by exposing some of the gaps in the literature that currently exist, particularly those associated with older men's bodies and masculinities.

Chapter four outlines the qualitative methodology used to research men's health, masculinities and ageing, and the methods used to collect and analyse the data. The chapter describes how the data were ascertained through interviewing processes and sampling strategies, and the processes by which the data were coded and analysed. The chapter concludes by identifying the strategies men use for negotiating identities over the life course that were drawn from the empirical data.

Chapter five explores the different strategies that men use to negotiate masculinities. The strategies identified range from supporting the cultural ideal through to rejecting masculinity as having any significant meaning in their everyday lives. The chapter concludes by considering the value of men's bodies and health in relation to their masculinities and how this might influence how men negotiate masculinities over the life course.

Building on chapter five, chapter six considers how men negotiate masculinities as a consequence of changes to their health and their ageing bodies. The paradoxes of health and masculinity are considered in this chapter in terms of how masculinity both promotes health and fitness, as well as encourages risky health

behaviours. Furthermore, the ageing body and body image are considered in relation to men's masculinities and how this impacts on men's health and wellbeing.

Chapter seven provides an overview of the thesis. Theory associated with the study of men and masculinities is compared and contrasted with the results from the research. The theoretical model developed in chapter one is then used to provide an explanatory framework for a better understanding of how men negotiate and do masculinities over the life course with particular emphasis on changes associated with health and the ageing body. The chapter concludes with a discussion of the praxis of the results: the broader social implications of the findings are considered along with the potential for practical outcomes. Finally, the direction of future research in men's health, ageing bodies, masculinities and gender studies is also considered.

CHAPTER ONE

Directions in Men's Health

1.1. Introduction

It is important to understand the complexities of men's masculinities in order to understand men's health issues. Men's health issues are multifarious and extend beyond medical models of health and wellness, sickness and disease. They include issues related to gender and the performance of masculinity. The different ways in which men perform masculinity, and in particular, the use of the body in performing masculinity, may potentially bear heavily on men's health. Furthermore, men are not a homogenous group with identical needs. Some men enjoy relatively good health while others suffer poor health. Therefore, other factors such as age, class and ethnicity have a bearing on men's health and need to be considered when discussing issues pertaining to men's health.

This chapter focuses on what constitutes men's health issues, the ways in which epidemiological data have been used (and misused) to construct a men's health agenda, and the need to consider variables such as the performance of masculinity in addressing men's health as a social issue. The chapter begins with an overview of the complexities of defining men's health before moving on to discuss how health data have been used to describe the current state of men's health as a crisis. The chapter then considers how different men have different health needs

depending on other factors such as age, class and ethnicity, and why it is important to consider masculinity in any discussion of men's health issues.

1.2. Understanding men's health

While biological differences constitute part of the understanding in differences between men's health and women's health, it is incapable of accounting for all of the disparities that exist. Certainly, when discussing men's health, issues such as prostate and testicular cancer emerge as specific to men. However, other issues such as alcoholism and youth suicide are not exclusively specific to men, and yet are generally characterised as men's health issues.

So what is men's health? Fletcher states that: "A men's health issue is a disease or condition unique to men, more prevalent in men, more serious among men, for which risk factors are different for men or for which interventions are different for men" (cited in Wadham, 2001: 69). Such a definition works well when considering the broader health patterns that exist across society and especially when taking an epidemiological view of health. However, this definition is simplistic in the sense that it does little to consider the importance of gender as a key influence. Nor does it include the subjectivity of health as individually lived, experienced and defined by men. It also fails to consider how masculinities and health impact on each other in the everyday lives of men. Furthermore, it neglects how health status differs amongst different groups of men based on factors such as age, ethnicity, class or sexual orientation. Therefore, in order to develop upon the above definition of 'men's health' it is necessary to both consider patterns in

men's health (in order to identify male related health issues), and the influence of gender on men's health in men's everyday lives.

1.2.1. Epidemiology and men's health

While men's health issues such as erectile dysfunction and swollen prostate glands were once subjects that were rarely, if ever, given public attention, over the last decade men's health has surfaced to become an important and topical issue at a personal, social and political level. It is, in fact, difficult to avoid the subject of men's health. Popular men's magazines such as *Men's Health* and *Men's Fitness* that promote healthy lifestyles, nutrition, and exercise programs for men pervade the shelves of newsagencies and supermarkets; well known media personalities such as Derryn Hinch (radio talk-show host and former television current affairs presenter) have been used in television advertisements discussing the importance of having regular prostate examinations; Ugly Dave Grey (former game-show host) appears in the print media to remind men that they do not need to suffer from erectile dysfunction; and young men are continually reminded of the dangers of drink driving and speeding through Transport Authority Commission (TAC) advertising campaigns (though, as Wadham, 2001, notes, the message that men are the target of such campaigns is implicit, rather than explicit).

The growth in men's health awareness and the ensuing media coverage and campaigns targeting men's health has to a large extent been stimulated by epidemiological research (Connell et al., 1999, 2000; Pease, 2002). Epidemiology is the study of rates of morbidity and mortality among populations. Practising epidemiologists tend to be primarily concerned with measuring health

related states of populations and in comparing the results with another community or group (Harper et al., 1994; Petersen & Lupton, 1996; Mant & Silagy, 1998). Differences in health between groups and communities are generally expressed in the form of statistical data as ratios, proportions and rates. In turn, these statistics are used to determine patterns of health among populations (Ackland & Catford, 2004: 70-71).

With reference to men's health, epidemiologists largely focus on the health differences that exist between men and women in relation to morbidity and mortality, and define the health status of each group accordingly (Schofield et al., 2000; Connell, 2000; White, 2002a). For example, life expectancy statistics for men and women are based on whole of population averages. They do not concern themselves with individual health status or predict how long an individual may live for. Individual men may live well beyond what is considered the average life expectancy for men.

What epidemiological data do provide, however, is a snapshot of a population's health and the broad differences in men's and women's health status. For example, according to the Australian Institute of Health and Welfare (AIHW) (2004: 11-14), epidemiological research shows that although Australians enjoy one of the highest life expectancies in the world, men's life expectancy is 5.1 years less than that of women's life expectancy taken as an average across the population (see Table 1.1 below).

Table 1.1: Life expectancy at birth, selected countries, 2002

Country	Life expectancy (years)	Life expectancy (years)
	Males	Females
Japan	78.4	85.2
Iceland	78.4	81.8
Sweden	78.1	82.7
Australia	77.9	83.0
Switzerland	77.7	83.4
Israel	77.4	81.3
Singapore	77.4	81.7
Canada	77.2	82.3
New Zealand	76.7	81.2
Norway	76.3	81.7
Spain	76.1	83.0
Malta	75.9	80.3
United Kingdom	75.8	80.5
Germany	75.5	81.6
Belgium	75.2	81.5
Denmark	74.9	79.5
Finland	74.8	81.5
USA	74.6	79.8
Ireland	74.4	79.7
Portugal	73.6	80.5
Poland	70.6	78.7
China	69.6	72.8
Indonesia	64.9	68.0
South Africa	48.8	52.6

Source: AIHW, 2004

Population statistics also reveal that Australian men are more likely to die from ischaemic heart disease, lung cancer, cerebrovascular disease and chronic obstructive pulmonary disease than women (see Table 1.2 below). Men are also more susceptible to unintentional serious injury, and more prone to alcoholism, illicit drug abuse, self-inflicted injury and suicide (AIHW, 2004).

Table 1.2: Leading underlying causes of death in Australia, all ages, 2002

Cause of Death	Males		Females	
	No. of deaths	% all deaths	No. of deaths	% all deaths
Ischaemic heart disease	13,855	20.1	12,208	18.8
Cerebrovascular disease	4,969	7.2	7,564	11.7
Lung cancer	4,760	6.9	2,543	3.9
Other heart diseases	3,423	5.0	4,687	7.2
Chronic obstructive pulmonary disease	3,327	4.8	2,270	3.5
Prostate cancer	2,852	4.1	--	--
Ovarian cancer	--	--	852	1.3
Colorectal cancer	2,448	3.6	2,201	3.4
Suicide	1,817	2.6	503	0.8
Diabetes	1,771	2.6	1,558	2.4
Dementia and related disorders	1,461	2.1	3,024	4.7
Diseases of the arteries, arterioles and capillaries	1,382	2.0	1,259	1.9
Pneumonia and influenza	1,353	2.0	1,731	2.7
Unknown primary site cancers	1,268	1.8	1,378	2.1
Pancreatic cancer	943	1.4	891	1.4
Renal failure	919	1.3	1,006	1.6
Lymphomas	864	1.3	733	1.1
Leukaemia	843	1.2	581	0.9
Total leading causes	48,255	70.0	44,989	69.4
All deaths	68,885	100	64,822	100

Source: AIHW, 2004

The differences that exist between men's and women's health has led to some calling the current state of men's health a 'crisis' (Horrocks, 1994; Biddulph, 1995; Harrison et al., 1995; Edwards, 1997). For example, Peter Edwards opens his paper entitled 'Men's Health: Social Policy and the New Man' by emotively describing the lack of attention paid to the current inequalities that exist in men's health, and the myopia of politicians and the community generally to the apparently critical situation at hand:

Should a previously unknown disease sweep across Australia – a disease striking indiscriminately at the rich and the poor, the idle and the industrious, the foolhardy and the wise, a disease whose effects were severe enough to reduce the lifespan of sufferers by a full six years – national medical resources would surely be directed as a matter of urgency to identify and resolve the crisis. Should this disease affect only one section of society – one ethnic type, or one socioeconomic class – a spirit of compassion and support would surely be extended to the afflicted group. Should it then be discovered that medical priorities were knowingly being directed towards other segments of society, that no effort at all was being made to mitigate or even investigate the calamity, there would surely be national outrage so intense that leaders and policy makers would be banished in disgrace. Such a “disease” attacks men in Australian society today. Poor health, in its broadest sense, has become part of the reality of manhood. (1997: 55)

To look at certain statistics in isolation, the evidence appears to be compelling that Australian men’s health is in crisis when compared to the health of women. For example, in every age group below the age of 85, mortality rates for 2002 show that more men died over the course of the year than women (see Table 1.3).

Table 1.3: Age- and sex-specific distribution of deaths, 2002

Age (years)	Males		Females		Sex ratio
	No. of deaths	Age-specific rate per 100,000 population	No. of deaths	Age-specific rate per 100,000 population	Male rates divided by female rates x100
0	699	553.6	565	471.2	124
1-14	374	19.5	244	13.4	153
15-24	1,058	76.4	382	28.6	277
25-44	3,772	129.5	1,884	63.9	200
45-64	11,609	502.7	7,162	311.7	162
65-84	36,889	3,626.5	28,766	2,412.4	128
85+	14,433	16,440.7	25,787	13,389.1	56
Missing age	51	--	32	--	--
Total	68,885	705.7	64,822	653.9	106

Source: AIHW, 2004

Furthermore, young men aged between 15 and 24 are six times more likely to commit suicide than young women and three times more likely to be involved in a motor vehicle accident (White, 1998: 2); ischaemic heart disease as a cause of death is two and a half times greater for men aged 25 to 64 than it is for women of the same age group; men, in comparison to women, are twice as likely to get lung cancer; and men aged over 65 are almost four times as likely to die from lung cancer as women are and almost twice as likely to die from respiratory diseases such as bronchitis, emphysema and asthma (Ots, 1993: 14). Men are also more likely than women to suffer from obesity, and less likely to limit their caloric intake through dieting; men constitute 67 per cent of pedestrian deaths, 86 per cent of all bicycle deaths on the road, and 98 per cent of all motorcycle deaths; and men are more likely to be involved in violent crime, both as victims and perpetrators (Fletcher, 1994).

However, all too often, men's health data are manipulated to perpetuate the idea that men's health is in a state of crisis. Often the blame is placed squarely with feminists and feminism. The suggestion is that while women are reaping the benefits of a concerted feminist movement that has highlighted women's health concerns gaining both public recognition and government funding to support women's health issues, men have consequently been marginalised by the health system (see Sabo & Gordon, 1995; Pease, 1997, 2002; Schofield et al., 2000; Connell, 2000; Wadham, 2001; Whitehead, 2002; Bulbeck, 2005).

Pease, in particular, points out the absurdity of such claims by certain 'men's movements' that men are a disadvantaged group by drawing on the point that for men to claim that they are somehow disadvantaged or oppressed in relation to women implies that they are in a position of powerlessness, and that collectively their health consequently suffers:

many of the health consequences for men are not a result of men's powerlessness – they are a negative consequence of men's social power and privilege. It is a strange twist to argue that, because men suffer the effects of power and privilege, they do not have power and privilege. (1997: 44)

Moreover, as White (2002a: 269) remarks, comparing men's health with that of women's health is only one indicator with which to contextualise men's health. One may get a very different picture of men's health by focusing on general changes in rates of male mortality and morbidity over time or by examining changes in the rates, types and causes of health related problems across different sub-populations of men (Russell & Schofield, 1986; Pease, 2002; White, 2002a; Marmot, 1999, 2004). For example, Australian men in the most disadvantaged socioeconomic quintile are more likely to be obese than those men in the most advantaged socioeconomic quintile (19 per cent compared to 13 per cent) (AIHW, 2004: 130). Obese men, in turn, are far more likely to suffer serious health problems including diabetes, ischaemic heart disease, chronic obstructive pulmonary disease, high blood pressure, and high cholesterol levels.

Connell (2000), too, refutes the claim that men's health is in crisis or that it is in any worse state than women's health across the health spectrum. While there are epidemiological studies that show men are collectively worse off than women

based on comparisons in rates of morbidity and mortality (e.g., suicide, ischaemic heart disease, alcoholism), there are also a good many studies that show men are no worse off than women in relation to their health, and that in some areas men are actually healthier than women:

If one trawls for health disadvantages of women, as some commentators have trawled for disadvantages of men, they are not too hard to find. The official statistics and broad surveys reveal some: higher rates of severe disability among women, more widespread minor illness, higher rates of hospitalization, higher rates of mental illness, migraine, arthritis etc. There are also many specific studies showing apparent female 'disadvantage' in health issues: optic disc haemorrhage, a range of emotional disorders, prevalence of multiple sclerosis, postoperative complications, insomnia, iron deficiency in adolescence, anxiety about weight, adolescent dieting etc. ... These studies do not justify a counter-claim that women are health disadvantaged. Rather, they prove that gender patterns are complex as well as powerful. The facts do not justify sweeping claims of men's (or women's) health disadvantage. (Connell, 2000: 193)

While epidemiology can be a helpful research method for locating health patterns at the macro-social level, it can also be used as a tool for particular political, economic or social agendas where the data are skewed and sold to the public as 'truths' (Petersen and Lupton, 1996).

To speak of men's health as in a state of crisis is misleading and unhelpful. It also deflects attention away from the bigger issue that most of the leading causes of death for men – lung cancer, ischaemic heart disease, bronchopulmonic diseases, cirrhosis of the liver, motor vehicle accidents and suicide – are the consequence of men's gendered behaviours. For example, the archetypal masculine response of repressing emotions, which is linked to masculine traits such as stoicism, control and toughness, may result in alcoholism as a coping strategy, which in turn has

the potential to result in cirrhosis of the liver or Pick's disease (a form of dementia).

While epidemiological data used for analysing men's health issues are important for outlining areas of interest for social policy (such as which groups of men are at highest risk of suicide or drink driving) and therefore need to be targeted in terms of channelling resources and education, they all too often dominate men's health literature (Connell, 2000; Watson, 2000). To more fully appreciate the complexities of men's health and peel back the layers of 'why' men's health diverges from that of women's health in certain areas, it is necessary to look at how 'being a man' and performing masculinity affects men's health (Eisler, 1995; Sabo & Gordon, 1995; Annandale, 1998; Broom, 1998; Watson, 2000; Sabo, 2000; Connell, 2000; Courtenay, 2000; White, 2002a).

1.2.2. Men's health and gender

In order to expound men's health and the relationship between men's health and gender, the term gender itself must be unpacked to avoid being conflated with sex. While sex refers to whether one is biologically male or female (though this dichotomy is itself contested, i.e., transsexuals, transgender people, hermaphrodites, and so forth), gender refers to the social meaning of being a man or a woman (Oakley, 1985; Bates & Linder-Pelz, 1990; Hardey, 1998). While there are certainly health differences between men and women that are unavoidably biological (e.g., only women can get ovarian cancer or cervical cancer, only men can get prostate cancer or testicular cancer), the majority of health differences are precipitated by issues relating to gender (Broom, 1998).

For example, men are much more likely to be injured playing sport than women (Laura, 1998: 43-44), not because they are genetically predisposed to, but because men are expected to be tough, competitive, fearless, brave and impervious to pain; that is, men behave in ways that are gendered. Men perform masculinity, often to the detriment of their health. It is the differences in gendered behaviour which become important to understanding men's health.

In further understanding men's health and gender, it is also important to consider the impact of feminism and feminist theory. The current emphasis on men's health owes much to feminism and feminist theory (Sabo, 1999). Despite claims made by some men's movements that men have been displaced under the current social paradigm and that their health has been relegated by feminist insurgency promoting women's health issues at the expense of men, men's health would perhaps barely be on the social or political radar without input from feminists and feminism (Sabo & Gordon, 1995; Messner, 1997; Pease, 1999; Sabo, 2000; Wadham, 2001; Riska, 2002; Bulbeck, 2005). Men's health discourse has built upon the feminist perspective of health and illness as both social and individual; that is, health is a socially constructed phenomenon caught within patriarchal medical discourse, as well as being individually experienced and understood (Sabo & Gordon, 1995; Lorber & Moore, 2002). Feminist research into women's health and the patriarchy of medicine has stimulated debate on men's place in the health system and the gender issues involved.

In considering the place of men within health discourses, recent research has focused on men and masculinities and how men 'do gender' to the detriment of

their own health (O'Dowd & Jewell, 1998; Connell, 2000; Courtenay, 2000; Sabo, 1999, 2000; Watson, 2000; White, 2002a). Evolving from social role theory that focused on the socialisation of men (the theoretical understanding that men behave according to socially determined gender expectations) (Edley & Wetherell, 1995: 70-71), the current theoretical paradigm considers how men actively perform masculinity, and the trade off that this often has with their health (Sabo & Gordon, 1995; Connell, 2000; Sabo, 2000; White, 2002a). The ways in which men actively perform masculinity is an important concept in understanding men's health. As Courtenay writes in relation to men's masculinity and risk taking behaviour:

The fact that unhealthy behaviors cluster suggests that there may be an underlying "cause" of men's unhealthy lifestyles. Masculinity may be an important mediating factor in the co-occurrence of multiple health risk behaviors. Indeed, it has been theorized that from a social constructionist perspective that men's risk taking behavior and disregard for their health needs are among the resources that men use to define themselves as "masculine" or "manly". ... Masculinity may be the missing co-factor – the "secret powerful social factor" – in analyses of gender and health where men's greater risks persist and remain unexplained despite adjustment for numerous variables. (2000: 110)

Masculinity, however, should not be mistaken as encompassing all men equally; nor should it be assumed that men are only able to express their identities as men through a singular notion of masculinity. To refer to masculinity in the singular and only juxtapose this against femininity in a dichotomous relationship denies men the multitude of masculinities that exist and cloaks the reality of intermale dominance (Annandale, 1998: 140). Therefore, to analyse men's health requires investigating the issue of differences amongst men and the hierarchy of different masculinities. As Schofield et al. note:

One of the major conclusions of the recent international research on masculinity is that different groups of men are differently placed in gender relations. In any complex society or institution, therefore, different masculinities are likely to be produced – and with them, different health practices and health effects. (2000: 252)

Moreover, different groups of men do masculinity in different ways. Factors such as age, ethnicity, class and sexual preference become important variables in understanding men's health (Sabo & Gordon, 1995; Broom, 1998; Sabo, 1999, 2000; Watson, 2000; Pease, 2002; White, 2002a; Ruxton, 2002).

Men are not all alike, nor do all men have the same stakes in maintaining or the resources for pursuing hegemonic definitions of masculinity. At any given historical moment, there are competing masculinities – some dominant, some marginalized, and some stigmatized – each with its respective structural, psychosocial, and cultural moorings. With reference to health, there are, first, substantial differences between the health options of homeless men, working-class men, underclass men, gay men, men with AIDS, and middle-class or upper-class White, professional men. (Sabo, 2000: 136)

This is an important point in relation to understanding men's health. Men are not a homogenous group that collectively suffer from the same health disadvantages (Sabo, 1999: 3). As Schofield et al. state, the health disadvantage that is often generalised amongst men universally is the sum of disadvantages experienced by particular groups of men (indigenous men, gay men, men with disabilities, men living in poverty) and how they do gender: "It is they who account for most of the differences in men's and women's health status and services. The implication here is that social disadvantage produces the margins of difference between men's and women's health patterns" (2000: 248). For example, rates of suicide are much higher for men living in rural and remote communities (AIHW, 2004). Thus, while suicide is broadly perceived as a men's health issue, it is more commonly specific to young men living in rural and remote communities,

particularly indigenous communities. In considering men's health and gender, it is therefore necessary to look at how different groups of men do gender and the hierarchical characteristics of various masculinities that may either privilege or marginalise men in relation to their health.

1.3. Conclusion

Including gender theory in men's health research attempts to draw out the causes of men's poor health status by considering the impact of men's behaviours and the ways in which different groups of men do gender. Rather than simply assuming that excessive drinking, violence, smoking and risk taking are what men do, looking at how and why men do gender seeks to generate understanding into men's poor health status in certain areas and the different health status amongst different sub-groups of men. If we come to understand why men behave in ways that are damaging to their health then it is possible to target those behaviours and attempt to modify them in an effort to curb rates of morbidity and mortality (Courtenay, 2000: 82):

The social-scientific literature on masculinities is clear that gender practices and configurations change historically. We might therefore expect gender patterns in health to change over time. ... Sex differences in stroke mortality have changed over time. ... Gender patterns of unemployment, and its health consequences, change over time. ... The fact that some patterns of difference have measurably changed should be very encouraging from the point of view of improving men's health. (Connell, 2000: 194-195)

The next chapter will focus more specifically on masculinity in theory and how hegemonic masculinity has come to be widely used in relation to examining men's health issues.

CHAPTER TWO

Theorising Men's Masculinities

2.1. Introduction

The previous chapter identified definitions of men's health and the importance of men's health issues. After considering the epidemiological evidence in relation to men's health, issues of gender in relation to health were examined, with particular emphasis on how performing masculinities impacts on men's health. Furthermore, men's health issues are cross-cut with a range of other factors such as age, class and ethnicity. Thus, there are health advantages and disadvantages in and between various groups of men.

This chapter presents a theoretical model of masculinities based on a synthesis of Connell's theories on hegemonic masculinity and the gender order, and Bourdieu's concepts of habitus, capital and fields. The work of Connell has been both profound and pervasive in its influence on the study of men and masculinities. However, despite all that it offers, there are limitations, particularly in relation to the disparity between the theoretical concept of hegemonic masculinity as the culturally dominant ideal, and peoples' lived experiences of a *variety of dominant masculinities*. Bourdieu's concepts of habitus and fields not only complement the work of Connell, but successfully

overcome some of the shortcomings that Connell's concept of hegemonic masculinity presents.

The model presented introduces the possibility of multiple dominant masculinities. The concept of subfields of masculinities within a broader field of masculinity allows for dominant positions to be taken by men, even within groups of men who are otherwise subordinated by hegemonic masculinity within the field of masculinity. The model also outlines the ways in which masculinities are both produced and reproduced as a consequence of struggles between dominant and subordinate groups of men. These struggles and the habitus of men also provide a rationale for resistance and complicity determined by what is deemed to be valued capital within the field of masculinity.

The chapter concludes by looking to the importance of the body in relation to men's masculinities, as well as how health and ageing impacts on how men negotiate their masculinity over the life course.

2.2. Men and Masculinities

Before considering current theoretical paradigms concerning men and masculinities and the development of my own theoretical framework, it is first necessary to unpack the term 'masculinity'; that is, what masculinity means and how it will be used in the context of this thesis. All too often, masculinity is boxed and categorised into traits that are deemed 'natural' to the possession of men (Cornwall & Lindisfarne, 1994; Connell, 1995; Mac an Ghaill, 1996;

MacInnes, 1998; Beynon, 2002). Defining masculinity, however, is more complex than a list of traits conglomerated to represent 'normal' male behaviour.

How men (and women) do gender changes within different social contexts, across different generations, and over time. It is never static and as such makes it difficult (if not impossible) to tangibly define at a societal level. Connell summarises the situation best when he states that:

Rather than attempting to define masculinity as an object (a natural character type, a behavioural average, a norm), we need to focus on the processes and relationships through which men and women conduct gendered lives. 'Masculinity', to the extent the term can be briefly defined at all, is simultaneously a place in gender relations, the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture. (1995: 71)

Like Connell, I wish to focus on the ways in which masculinities are practiced by men, and how these practices change over the course of men's lives in connection with their changing bodies, health and ageing.

This thesis will therefore focus on the fluidity of masculinities, exploring the diversity, instability and malleability of masculinity as a concept separated from maleness. As Beynon explains:

If 'maleness' is biological, then masculinity is cultural. Indeed, masculinity can never float free of culture: on the contrary, it is the child of culture, shaped and expressed differently at different times in different circumstances in different places by individuals and groups. Men are not born with masculinity as part of their genetic make-up; rather it is something into which they are acculturated and which is composed of social codes of behaviour which they learn to reproduce in culturally appropriate ways. (2002: 2)

By considering the study of men and masculinities within such a framework, it is

possible to acknowledge the ways in which masculinities shift and change over the course of men's lives. Just as men develop and grow over time, so too do men's perceptions of themselves and their identities shift to accommodate change (Gradman, 1994; Kimmel & Messner, 2001). As Kimmel and Messner state: "The meaning of masculinity is not constant over the course of any man's life, but will change as he grows and matures" (2001: xvi).

These changes, however, do not take place in a social vacuum. How men do masculinity is affected by such factors as class, ethnicity, health status, sexual orientation, location, education, and age (Segal, 1990; Connell, 1995; Thompson Jr. & Pleck, 1995; Pease, 2002; White, 2002a). As men change, they are influenced by a plethora of social factors that intersect and cross-cut one another (Brod & Kaufman, 1994; Connell, 1995; Kimmel & Messner, 2001; Whitehead & Barrett, 2001).

However, although men are influenced by the social environment in which they operate, they are not passive agents controlled by the processes of socialisation. Instead, it is a combination of factors, both structural and individual, that shape men's masculinities: "all individuals are skilled at creating their selves, but within the parameters of their social and cultural experience, factors which are also subject to change" (Whitehead & Barrett, 2001: 20). What is needed is a theoretical model that considers both structure and agency in the development of men's masculinities.

In order to do this, a theoretical framework has been constructed that exposes the ways in which men as individuals 'do' masculinity and the meanings men attribute to masculinity, as well as considering the social structures that constrain men and their perceptions of masculinities. As Whitehead and Barrett state:

the critical gender theorist is required to have a foot in two camps. That is, she or he must straddle the space between recognizing macro-conditions, while also having some understanding how such macro-conditions are lived out, contributed to, and experienced at the level of very different individuals. (2001: 14)

The intention is to incorporate Robert Connell's theory on hegemonic masculinity and the gender order with the work of Pierre Bourdieu. Hegemonic masculinity allows for a structuralist insight into the hierarchical positioning of various masculinities, whilst the work of Bourdieu takes an agentic approach by focusing on how masculinities (performed as part of one's habitus) are used strategically by individuals within fields. The next section will consider Connell's work on masculinities within the gender order, and in particular, the concept of hegemonic masculinity.

2.2.1. Hegemonic masculinity and the gender order

Connell takes a social constructionist approach to gender that moves beyond identifying patterns at the macro level. He considers how agents operate within boundaries (i.e., social structures) that constrain the individual, as well as how individuals are able to 'produce results' using social structures to their advantage (Connell, 1987: 92). Building on Anthony Giddens's 'theory of structuration' Connell seeks to interlink structure and agency by proclaiming that:

Human practice always presupposes social structure, in the sense that

practice necessarily calls into play social rules or resources. Structure is always emergent from practice and is constituted by it. Neither is conceivable without the other. (1987: 94)

In this way, Connell avoids the oversimplification of gender that had previously been prone in the structuralist approach of gender role theory. By considering practice, Connell is able to shed light on how individuals do gender while maintaining room for focus on the structural processes at play in constructing gender.

In considering the social construction of gender, Connell looks to the 'gender order' to grasp how people operate in gendered ways. Borrowing the phrase from Jill Matthews, Connell describes the gender order as "a historically constructed pattern of power relations between men and women and definitions of femininity and masculinity" (1987: 98-99). This understanding that it is historically constructed is important to Connell as it considers the fluidity of gender and the tensions that exist amongst and between men and women over time.

The gender order is the structure of gender, or structural inventory, of an entire society at a given point in time, the relationships of which prove to be critical in terms of how gender is perceived by individuals. For Connell:

Gender is a way in which social practice is ordered. ... It [social practice] responds to particular situations and is generated within definite structures of social relations. Gender relations, the relations among people and groups organized through the reproductive arena, form one of the major structures of all documented societies. (1995: 71-72)

By moving gender away from biology and analysing it as social practice, Connell is able to show how gender is a fluid concept capable of responding to change,

and in turn, allows for the possibility of multiple masculinities and femininities.

Yet these masculinities and femininities are far from being equal. Within any given gender order, Connell outlines three distinct structural relations that exist perennially: the division of labour, which refers to the allocation of particular types of work along gendered lines (e.g., nursing being a predominantly female occupation, motor mechanic being a predominantly male occupation); the structure of power, which refers to inequitable social relations between men and women that become institutionalised and part of the fabric of that society; and the structure of cathexis, which refers to structures underpinning social and sexual relationships. Historically, each of these structural relations operates upon shifting sands as masculinities (and to a lesser extent femininities) struggle and compete for position.

The concept of multiple masculinities and the hierarchical divisions that exist therein are important to consider in relation to men's health as they help to explain why men perceive health in different ways and the choices men make in negotiating both their health and their masculinity. Doing gender in different ways will affect men's health in different ways. For example, to be competitive in business may mean working long hours under intense pressure leading to mental health problems such as stress, fatigue or depression, while being competitive playing contact sports may lead to more immediate injuries such as concussion or broken bones. Both are ways of doing masculinity but with very different results on one's health.

Much of the theoretical work currently circulating in the study of men and masculinities revolves around the concept of hegemonic masculinity (e.g., Wharton & Bird, 1996; Wienke, 1998; Cheng, 1999; Potts, 2000; Light & Kirk, 2000; Lee, 2000; Wheaton, 2000; Renold, 2001). Hegemonic masculinity, according to Carrigan et al., is “a question of how particular groups of men inhabit positions of power and wealth, and how they legitimate and reproduce the social relationships that generate their dominance” (1987: 92). Connell elaborates upon this idea, stressing the importance of the fluidity of hegemonic masculinity and the mechanics that mobilise it at a structural level:

At any given time, one form of masculinity rather than others is culturally exalted. Hegemonic masculinity can be defined as the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women. This is not to say that the most visible bearers of hegemonic masculinity are always the most powerful people. They may be exemplars, such as film actors, or even fantasy figures, such as film characters. Individual holders of institutional power or great wealth may be far from the hegemonic pattern in their personal lives ... Nevertheless, hegemony is likely to be established only if there is some correspondence between cultural ideal and institutional power, collective if not individual. So the top levels of business, the military and government provide a fairly convincing *corporate* display of masculinity, still very little shaken by feminist women or dissenting men. It is the successful claim to authority, more than direct violence, that is the mark of hegemony (though violence often underpins or supports authority). (original emphasis, 1995:77)

Even though hegemonic masculinity may not be the most common form of masculinity practiced, it is supported by the majority of men as they benefit from the overall subordination of women; what Connell terms the *patriarchal dividend* (1995: 82). According to Connell (1995: 82-83), the patriarchal dividend benefits men in terms of ‘honour, prestige and the right to command’, as well as in relation to material wealth and state power. Structurally, men as an interest group are

inclined to support hegemonic masculinity as a means to defend patriarchy and their dominant position over women (Connell, 1995: 82).

The strength of hegemonic masculinity as a theoretical tool lies in its ability to describe the layers of multiple masculinities and the intricacies of their relations to one another, and to recognise the fluidity of gender identities and power. Indeed, it is the flux of gender relations and the challenges that hegemonic masculinity endures that validate it:

‘Hegemonic masculinity’ is always constructed in relation to various subordinated masculinities as well as in relation to women. The interplay between different forms of masculinity is an important part of how a patriarchal social order works. (Connell, 1987: 183)

In recognising multiple masculinities, however, one must be wary to avoid oversimplification (Clatterbaugh, 1990; Connell, 1995; Beynon, 2002; Pease, 2002). Just as the term masculinity cannot be applied to all men equally, so too are there problems associated with reducing groups of men into stereotypes based on their behaviour (e.g., gay men as overly sensitive, black men as sexually aggressive). To avoid reducing various masculinities into simplified categories or stereotypes, Connell suggests:

We have to examine the relations between them. Further, we have to unpack the milieux of class and race and scrutinize the gender relations operating within them. There are, after all, gay black men and effeminate factory hands, not to mention middle-class rapists and cross-dressing bourgeois. A focus on the gender relations among men is necessary to keep the analysis dynamic, to prevent the acknowledgement of multiple masculinities collapsing into a character typology. (1995: 76)

The relationships through which these masculinities operate involve levels of dominance and subordination. Furthermore, as Connell (1995:80-81) notes,

men's masculinities may be marginalised by factors such as age or ethnicity. Although these hierarchical relations appear rigidly structured, they are continuously open to challenge and change (by both men and women) such that the dominance of hegemonic masculinity is susceptible to the challenges of subordinated and marginalised masculinities (e.g., gay men and Aboriginal men excelling in sports epitomising hegemonic masculinity, such as Australian Rules football) and femininities (Gardiner, 2002: 11-15).

Such changes essentially reveal gender as being rooted in history and gender relations as constructed and transformed over time (Connell, 1995: 81-82). This is an important point to note as it emphasises that masculinities, and in particular hegemonic masculinity, do not have to be necessarily bad for men's health. Masculinities may change over time to incorporate traits that promote positive health. Furthermore, hegemonic masculinity works precisely because it is able to encompass a range of cultural elements (both good and bad) that appeals to the populace. Thus, there are elements of hegemonic masculinity (such as being physically active) that promote good health. The challenge is not to dismiss masculinities as perpetually harmful to men's health, but to embrace elements of masculinities that promote positive health and wellbeing.

2.2.2. Hegemonic masculinity and health

In relation to men's health, the concept of hegemonic masculinity has been used widely to explain how and why doing masculinity is damaging to men's health (McKay, 1991; Connell, 1995, 2000; Wheaton, 2000). This is because in Australia, and most Western societies, hegemonic masculinity is currently

associated with such traits as stoicism, aggression, competitiveness, action, bravery, toughness, control (particularly of one's emotions), (hetero)sexual virility and promiscuity, independence and physical strength. In turn, these traits are epitomised and glorified through activities that are damaging or dangerous to men, as well as to the health of women and children.

For example, contact sports such as Australian Rules football and rugby personify hegemonic masculine traits such as mateship and fraternity in playing in a team of men, aggression and fearlessness in tackling or marking, competitiveness in playing to win, and physical strength, skill and agility in playing for the ball. These traits, crucial to the sport, mean that men are expected to put their bodies in harm's way and risk extreme injuries for the sake of the team and winning, while simultaneously proving themselves as 'real men' and loyal mates (White et al., 1995; Wheaton, 2000).

Although most men will never play professional football, the patterns of masculinity that are displayed in such an environment that is ubiquitously male have come to represent what many men (and women) regard as typical male behaviour and exemplary of masculinity:

Professional sport is overwhelmingly men's sport, and has become a major arena for the promotion of dominant forms of masculinity. There are several reasons to think that, far from being a health-promoting activity, sport is now a major threat to men's health. ... The small minority who become players in elite commercial sport, under the 'win at all costs' ideology dominant there, are subject to high levels of physical stress, psychological stress, frequent injury, and pressure to enhance their performance with drugs. This is a toxic environment, reflected in high levels of physical damage, and shortened life, experienced by professional sportsmen after retirement. Certain patterns of illicit drug use, such as use of steroids, have now become common not only among professional

sportsmen but also among youth who aspire to enter elite sport. The process of commercialization has included in the domain of 'sport' certain activities, notably car and motorcycle racing, which have no physical benefits at all. On the contrary they glamorize practices – speeding and aggressive driving – directly implicated in road deaths and injuries among men. (Connell, 2000: 189)

The irony here is that sport as a physical activity is commonly associated with good health and cardiovascular fitness (Courtenay, 2000: 92), and the sports star (usually male) is often portrayed by media as an exemplar of peak health and fitness (the commodification of men's bodies, masculinities, and health and fitness will be dealt with in chapter three). Thus while men may partake in sport as a (albeit incidentally) health promoting exercise, they are paradoxically often in danger of doing damage to their bodies and their health by performing masculinity out on the sports field/arena/court (Messner, 1992; Sabo & Gordon, 1995; White et al., 1995).

Furthermore, sport has been ruthlessly exploited to sell products and lifestyles that are far from healthy (Connell, 2000; Beynon, 2002). Tobacco and alcohol have become a familiar part of sport through sponsorship and advertising. Likewise, drinking has become synonymous with winning sporting events. For example, Australian cricketers are often seen drinking in the change rooms immediately after winning a cricket match or series, and it is difficult to imagine a Formula One podium without magnums of champagne being sprayed around and consumed by the winning drivers.

Moreover, drinking is hardly limited to sportsmen in association with sport. Many men drink while participating in sport as a spectator only. In turn,

advertising campaigns have chosen to target those audiences of men who drink and watch sport on television. For example, a recent advertising campaign by Victoria Bitter beer states that the most important sporting apparatus a man can own is a television remote control. It then shows two men drinking beer on the couch while surfing sporting channels (focusing particular attention on women's aerobics in which scantily clad women are gyrating in a sexually flirtatious fashion implying that ogling women is also a sport for men).

Away from sport, the consumption of alcohol is often viewed as a particularly masculine activity (though binge drinking amongst young women is on the rise suggesting that there are more complex factors involved than gender, such as socioeconomic status and familial influences). It is sometimes used by men to dull painful emotions, to cope with stress from work and family pressures, to induce a feeling of invincibility, and/or to provide (albeit false) courage. In Australia, drinking at the pub is also heavily associated with 'mateship' and 'social solidarity' (Pease, 2001: 196). It is a chance for men to prove themselves in a predominantly male environment by how much they can drink, where drinking becomes as much of a competition as a social activity, particularly (though far from exclusively) amongst working class men:

Drinking to the point of drunkenness is particularly common in Australia among working-class men. Many such men often gain prestige in the eyes of other men for how much they drink and how drunk they get. ... Drinking in pubs is one of the factors that establish a masculine pattern of high alcohol consumption in Australia. The Australian pub functions as a working-class male preserve for the performance of male solidarity. Thus drinking in pubs plays a role in segregating men and women and in affirming men's superior status and rights. (Pease, 2001: 196)

While drinking has become part of the male ritual for performing hegemonic masculinity, the negative health effects of excessive alcohol consumption have been well documented (Tomsen, 1997; Courtenay, 2000; Connell, 2000; Pease, 2001). Men are three times more likely to binge drink than women and frequent binge drinkers are ten times more likely to get seriously hurt or injured than those who do not binge drink (Courtenay, 2000: 96-97). Excessive alcohol consumption can lead to diseases such as cirrhosis of the liver, cancer and Pick's disease. Men who drink also often put themselves (and others) in danger when they get behind the wheel of a car or engage in acts of violence against others. Men under the influence of alcohol are also more likely to engage in unprotected sex and there is evidence to suggest that they are more likely to attempt suicide (Courtenay, 2000: 94).

Violence is another area of concern for men's health (Courtenay, 2000; Connell, 2000; Sabo, 2000; Tomsen, 2002; White, 2002a; Hearn, 2003; White & Perrone, 2005). As Hearn notes in remarking on the health consequences (both to men and women) of men's violence:

Men's violence can ... take many forms: it includes physical violence, sexual violence, psychological violence, emotional violence, destruction of property and pets. It also includes linguistic violence, violence in the form of neglect, for example child neglect, cognitive violence, visual and representational violence, economic violence, technological violence, and environmental violence. Men's violence can be interpersonal or institutional, agentic or structural. It may be toward women, other men, the self, babies, children, young people, as well as animals and other non-human existences ("environmental terrorism" is not a new phenomenon). ... The impact of men's violence can be direct and/or shorter term in the act of violence itself, producing physical hurt, pain and damage; neglect; cognitive hurt, pain and damage; linguistic and visual hurt, pain and damage. The effects of men's violence can also be indirect and/or longer term including all of the above. Seen in that way, violence is not just the immediate act but includes the indirect effects as a process, such as

subsequent physical and psychological pain, disability and recurrent illness. (2003: 177)

Furthermore, as Courtenay highlights in an article focusing on men's health and violence statistics in the United States:

There is consistent evidence that American men express significantly more aggression than American women – particularly physical aggression. Men's willingness to engage in overt physical aggression and violence contributes to their health risks and premature deaths. Men are much more likely than women to be both the perpetrators and victims of violence. In the United States, violent deaths from suicide and homicide are the third leading cause of premature death before age 65. ... The homicide death rate is four times greater for men than it is for women, and the suicide rate is up to 12 times higher for men. (2000:103)

Yet despite the obvious negative consequences that violence has to both men and women generally, men's violence continues to be a core part of the hegemonic masculine ideal. This is because it directly serves men's interests, and in particular, the interests of hegemonic men (Hearn, 2003: 172). Although hegemonic masculinity does not depend on violence to extend its legitimacy, hegemonic masculinity is nevertheless often supported by violence or the threat of violence (Connell, 1995: 77). Thus, hegemonic masculinity and violence are integrally linked, particularly at the structural level through institutions such as the military and the law enforcement agencies. Violence forcefully represents domination, aggression, strength, fearlessness, toughness, and in some situations (e.g., team sport, warfare, gang rape) competitiveness, courage and fraternity.

The violence of men reasserts a position of dominance over the person or people being violated. Therefore, it is of no real surprise that it is most often the health of women and marginalised groups of men who are at most risk of men's violence

(Connell, 1995, 2002; Sabo, 2000; Pease, 2001; Hearn, 2003). Men use violence to lay claim to authority, particularly over known women in their lives (Connell, 2000: 94). Violence against women may be used by men as a demarcation of gender and of male domination. As Hearn writes:

[Violence] pervades, infuses and reproduces bodies, gendered bodies. Violence is not a thing that is affected or even determined by gender; rather it is the very constructions of both violence and gender that are formed in relation to each other. Men's doing of violence involves actions on and to the body of the person receiving the violence, in this case the woman or women. In that way the man contributes to the shaping of the woman's body and the woman's health – sometimes in producing specific damage and alteration to the body, more or less lasting; sometimes by affecting how the woman holds her body or presents herself or is more or less comfortable or confident in her body. (2003: 181)

Interestingly, Hearn also points out that men's violence against known women can be damaging to men's health as well, albeit in a very different way, in that they are more likely to be "depressed, less assertive and less happy" (2003: 182).

Homophobia is another aspect of men's violence that has a direct influence on men's health (i.e., gay bashings, verbal abuse, intimidation, threats) and also works to support hegemonic masculinity (Mason & Tomsen, 1997; Connell, 1995, 2002; Sabo, 2000; Pease, 2001). Within Western societies, heterosexuality is an important part of the fabric of hegemonic masculinity (Connell, 1995: 78). The argument that sexual reproduction requires a man and a woman assists to perpetuate the gender dichotomy and emphasises the naturalness of difference. It is therefore perceived as natural (i.e., placating a base biological urge) for men to be attracted to women and vice versa; that is, opposites attract. Thus, to be gay, particularly on the receiving end of men's sexual desire, is viewed as feminine and threatens the notion of male as innately masculine (Connell, 2002: 4).

Violence against gay men becomes a means of social control and a reaction against the threat of male femininity (and in the case of lesbians, female masculinity). As Sabo emphasises:

Homophobia and discrimination against gays and lesbians generally function as social control mechanisms that reinforce male hegemony in many ways. Homophobia not only marginalizes gay and bisexual men or men who are judged to act like women (effeminate men) but it also punishes lesbians who, within the gender binary of patriarchal culture, are censured for being "masculine". Thus, homophobia not only reinforces men's overall political and social dominance over women but also induces conformity to hegemonic masculinity and emphasized femininity. Homophobia also helps maintain intermale dominance hierarchies in which boys and men who do not conform to hegemonic masculinity are earmarked for ridicule, moral condemnation and maltreatment. ... The resulting stigmatization and differential treatment of gay and bisexual men can contribute to a variety of negative health impacts. For gay and bisexual men who are "in the closet", the ongoing experience of shame, anxiety and stress can erode emotional and physical health. Rates of suicide are purportedly high among gay male adolescents. When seeking medical services, gay and bisexual men must often cope with the homophobia of healthcare workers or deal with the threat of losing health insurance if their sexual orientation is made known. (2000: 138-39)

In this way, using violence to support hegemonic masculinity and defend heterosexuality directly impacts on the health of men subordinated by hegemonic masculinity, both directly and indirectly and at both the structural level and the individual level.

There are other examples besides those given above of how doing hegemonic masculinity affects men's health (e.g., aggressive driving and drink driving, drug abuse, ignoring symptomatic signs of illness or injury, work related injuries, poor diet, smoking and stress, to name a few). Yet health is also assumed to be a particularly masculine trait associated with independence, strength and potency (and conversely, illness and sickness are equated with typically feminine traits

such as weakness and dependency). Consequently there are men who strive for optimal health to protect an image of hegemonic masculinity. Suffice to say, understanding how men do hegemonic masculinity and the relationship of masculinities and femininities within the gender order are important to the study of men's health and thinking through men's health issues.

However, while the concept of hegemonic masculinity and the gender order have proved to be pervasively popular in studying men's health issues, there are limitations. Firstly, hegemonic masculinity does little to account for the variety of dominant masculinities that exist under this umbrella term. If hegemonic masculinity is *one* form of masculinity that is culturally exalted over others (Connell, 1995: 77), then this disregards the complexities of various dominant masculinities that exist. For example, within the offices of a multi-national corporation, dominant masculinity may be epitomised by the slender, fit, young, aggressive businessman dressed in his Versace suit. However, down at the pub around the corner, dominant masculinity may be epitomised by the unkempt middle-aged man with a large beer-gut who can consume vast quantities of alcohol. Hegemonic masculinity may be that which is culturally exalted at any given time, but dominant masculinities need to be drawn from this and contextualised within a given field (or subfield), as well as located culturally and historically. It is possible to be subordinated by hegemonic masculinity and yet still draw on dominant masculinities and assume a dominant position in relation to other men.

Secondly, while power is certainly important in terms of understanding relations

between groups of men as well as between men and women (i.e., patriarchy), hegemony is limiting as it assumes that groups deliberately act (at a structural level) to either achieve or maintain a dominant position over others that is to their own advantage, perpetuated through social institutions. Hegemonic masculinity tends to be used to describe male power at a structural level with no real understanding of how power is organised in terms of complicity and resistance at the individual level:

Despite their allusion to resistance and agency, critical structuralist perspectives ultimately subsume the individual (subject) under a cognitive, strategic and assured deployment of power by rational actors, individuals who are themselves somehow excluded from the ideological forces that 'they deploy'. Consequently, complex gendered power relations are reduced to an 'oppressor-victim' dualism, in which multiple subjectivity and self-identity processes are made invisible by the power of political categories of gender and sexuality and their ideological and material forces. (Whitehead, 2002: 99)

There is also an over-tendency to focus on hegemonic masculinity in relation to patriarchy and male power over women. While male power in the form of patriarchy needs to be critically examined in the study of men and masculinities, it makes little sense to use patriarchy to describe the power differentials in and between various sub-populations of men where much of the tensions and struggles over masculinities occur.

Furthermore, there is a distinct need to take masculinity away from the structural and consider masculinities as collective human projects that are individually lived out (Watson, 2000; White, 2002a). Masculinity does not mean the same thing to all men. It is varied in how it is understood, experienced and lived out in daily practice. Therefore, in relation to men's health issues, what may be viewed as

unhealthy masculinity is subjective and open to interpretation. For example, whereas some health professionals may perceive drinking as an unhealthy pastime, for those men living in outback Australia who live in relative social isolation, having a drink at the pub provides an opportunity to congregate, bond and build relationships with other men that they would otherwise have little chance of achieving (Pease, 2001: 196).

To overcome these theoretical limitations the work of Pierre Bourdieu and his notions of habitus, capital and fields will be used to complement the concept of hegemonic masculinity. These will be dealt with in the following section.

2.2.3. Habitus, fields and masculinities

Bourdieu's approach to social theory has been described as "the most sophisticated and comprehensive available at present" (Fowler, 1997: 1), not least because of its ability to be transposed across a variety of academic disciplines. Bourdieu's popularity stems from his ability to cross the structure/agency divide by theoretically integrating both subjective experience and objective structures. While drawing on the work of grand narrative theorists such as Marx, Weber and Durkheim, Bourdieu rejects the more orthodox visions of each in preference of a theoretical synthesis that considers how individual practice is shaped and the various strategies that are employed by agents in everyday life.

In doing so, Bourdieu introduces the notion of constructivist structuralism that considers how individuals reproduce dominant social structures through their individual practices. The inference of this theory of practice is that individuals

are neither completely free to choose their destinies, nor are they forced to behave according to objective norms or rules imposed upon them:

Rather, they 'incorporate' a 'practical sense' of what can or cannot be achieved, based on intuitions gained through past collective experience, into their 'habitus', a structure of dispositions which thus reflects the 'field of objective possibilities' open to them at a particular historical moment. (Lane, 2000: 25)

In order to relate the importance of Bourdieu to the study of men and masculinities, and in turn, men's health issues, it is first necessary to understand the concepts of 'habitus' and 'fields' as referred to in the above quotation.

Habitus is central to the constructivist structuralism approach of Bourdieu (Swartz, 1997; Margolis, 1999; Fowler, 2000; Smith, 2001). Habitus brings together structure and practice. It is inscribed in the actions of the body that necessarily links the individual to society, and provides the nexus for structure and agency (Strathern, 1996: 26-27). Habitus refers to the ways in which individuals live out their daily lives through practices that are synchronised with the actions of others around them, functioning to produce a social collective that is not ordered by rules per se, but influenced by objective structures (Robbins, 1991; Bohman, 1999). In the words of Bourdieu, habitus is described as:

Systems of durable, transposable *dispositions*, structured structures predisposed to function as structuring structures, that is, as principles of the generation and structuring of practices and representations which can be objectively "regulated" and "regular" without in any way being the product of obedience to rules, objectively adapted to their goals without presupposing a conscious aiming at ends or an express mastery of the operations necessary to attain them and, being all this, collectively orchestrated without being the product of the orchestrating action of a conductor. (original emphasis, 1977: 72)

Habitus, in this sense, is a set of durable (though not fixed) dispositions (referring to cognitive and behavioural regularities) that are able to be used in a variety of circumstances and malleable enough to adjust from one situation to the next: “It is a set of resources and dispositions that we carry round with us, in our minds and bodies, which we can apply in diverse social settings. It allows us to improvise, and navigate our way through encounters, episodes and decisions” (Smith, 2001: 136).

That individuals are able to do this “owe[s] their specific efficacy to the fact that [habitus] function below the level of consciousness and language, beyond the reach of introspective scrutiny or control by the will” (Bourdieu, 1984: 466). Habitus is not based on conscious reasoning, but rather is impulsive and non-reflexive; they are strategies without having a strategic intention (Calhoun, 1993: 74). This is comparable to how the sportsperson plays their chosen sport, adjusting to the game as required without giving thought to how they are playing or why they must do what is necessary to play the game. Successful practice requires the individual to adjust one’s dispositions according to the situation in play and “to act creatively beyond the specific injunctions of its rule” (Fowler, 1997: 18). Practice in this sense is *strategic* in that individuals must use the habitus at their disposal based on past experiences and developed over time in order to negotiate everyday experiences (though the strategy employed is not designed by conscious choice) (Swartz, 1997: 99).

Yet objective structures may dictate the situation to which the individual may have to adjust, thus impinging upon habitus. However, the objective structures do

not necessarily constrain people in the ways that rules and norms do. Individuals are still in the position of choosing the disposition that best suits their requirements and may even actively choose what they appear constrained to choose in order to distance themselves from the imposition of objective structures; that is, “to refuse what is anyway denied and to will the inevitable” (Bourdieu, 1990: 54). For example, men born into working class families who are denied access to middle-class occupations by their limited social, economic and cultural capital (described below) and who must opt for working class jobs may not necessarily see their situation as forced upon them. They may refuse white collar work as an effeminate, soft alternative and ‘will the inevitable’ by taking on blue collar work that they view as skilled and makes them ‘real’ men by allowing them to use their bodies to perform masculinity (e.g., strength, competency, risk taking).

By conceptualising habitus as a form of cultural practice that focuses on the subconscious actions of agents that are produced by the individual while at the same time constrained by objective structural limitations, Bourdieu manages to produce a theoretical synthesis between culture, structure and agency. Bourdieu transgresses the agency/structure dichotomy that presupposes the individual and society as oppositional and separate and instead constructs them relationally, emphasising both individual subjectivity and societal objectivity with habitus bridging the impasse (Swartz, 1997: 96).

Importantly, the dispositions and practices that form one’s habitus are “acquired in social positions within a *field* and imply a subjective adjustment to that

position” (added emphasis, Mahar et al, 1990:10). Fields are central to the operation of habitus and subsequently to practice and the configuring of complex societies (Mahar et al., 1990; Swartz, 1997; Butler, 1999; Fowler, 2000; Smith, 2001). As Butler (1999: 114) suggests, dispositions and practices do not spontaneously appear, but rather, emerge as a result of conjuncture between habitus and fields.

The distinction between the *habitus* and the field is a tenuous one ... since the *habitus* does not merely encounter the *field*, as a subjective phenomenon encounters a countervailing objective one; rather, it is only on the condition that a ‘feeling for the game’ is established, that is, a feeling for how to operate within the established norms of the social field, that the habitus is built up. Indeed, the *habitus* is the sedimented and incorporated knowingness that is the accumulated effect of playing that game, operating within those conventions. (original emphasis, Butler, 1999: 117)

While the concept of habitus has been the recipient of much attention amongst social theorists, by comparison, the concept of field has been left at the periphery (Swartz, 1997: 4). Yet in order to fully grasp habitus, it is necessary to take an in-depth look at fields and how they interplay with habitus to develop a more comprehensive understanding of Bourdieu’s theory of practice.

The concept of ‘field’ is a metaphor for domains of social life (Swartz, 1997; Smith, 2001). Although the spatial metaphor of field implies boundaries and limits, Bourdieu argues against such limitations, and instead focuses on fields as relational and elastic, to be defined using the broadest possible range of factors, including those overlapping with other fields, that influence and shape behaviour (Swartz, 1997: 121). In providing a definition, Bourdieu and Wacquant state that a field is:

a network, or configuration, of objective relations between positions. These positions are objectively defined, in their existence and in the determinations they impose upon their occupants, agents or institutions, by their present and potential situation (*situs*) in the structure of the distribution of species of power (or capital) whose possession commands access to the specific profits that are at stake in the field, as well as by their objective relation to other positions (domination, subordination, homology, etc). (cited in Swartz, 1997: 117)

Fields shape the structure of the social setting in which *habitus* operates and include social institutions such as law and education. However, they are not to be conflated with institutions: “fields may be inter- or intra-institutional in scope; they can span institutions, which may represent positions within fields” (Swartz, 1997: 120). For example, the field of gender overlaps with many other fields (e.g., class, education, government, etc) and also accommodates a variety of subfields (such as the field of masculinity and the field of femininity) and social institutions (such as the family). Thus individuals are not necessarily beholden to objective structures but instead are able to negotiate and traverse fields and subfields (though they may not always be able to step outside of the influence of the field or the social institutions therein).

Fields allow for greater understanding of agency, interaction and struggles than positivist concepts such as institutionalisation that focus on the ways in which objective social structures define individual behaviour through oppressive techniques (Swartz, 1997: 119).

Field analysis shifts attention away from the particularistic characteristics of individuals and groups and toward the struggles and dynamics of arenas of social life that shape their behavior. Bourdieu rejects single-dimensional scales and cumulative indices that locate individuals and groups by position in social structure in favor of multidimensional

analysis, as a way of calling attention to the conflict dimension of social life and guarding against objectivism. (Swartz, 1997: 129)

Fields are arenas of production and struggle, where the accumulation and value of capital is given weight in determining actors' positions, and where power is exercised being both productive and reproductive (Swartz, 1997: 117-121).

Fields interplay with habitus to both control and invoke dispositions and actions.

Contestation in and between fields is an inevitable and important aspect of both reproduction as well as production. As Bourdieu emphasises in describing the functioning of fields:

In order for a field to function, there have to be stakes and people prepared to play the game, endowed with the *habitus* that implies knowledge and recognition of the immanent laws of the field, the stakes, and so on. ... Those who, in a determinate state of the power relations, more or less completely monopolize the specific capital, the basis of the specific power or authority characteristic of a field, are inclined to conservation strategies – those which, in the fields of production of cultural goods, tend to defend *orthodoxy* – whereas those least endowed with capital (who are often also the newcomers, and therefore generally the youngest) are inclined towards subversion strategies, the strategies of heresy. Heresy, heterodoxy, functioning as a critical break with doxa (and often associated with a crisis), is what brings the dominant agents out of their silence and forces them to produce the defensive discourse of orthodoxy, the right-thinking, right-wing thought that is aimed at restoring the equivalent of silent assent to doxa. (original emphasis, 1993: 72-73)

At all times within fields a dialectical relationship exists between positions of dominance and positions of subordination producing struggles (Smith, 2001: 139).

At this point, it is also important to consider Bourdieu's concept of capital. Capital is a resource that is the object of struggle within fields and which functions as a social relation of power (Swartz, 1997; Webb et al., 2002).

The structure of the field is a state of the power relations among the agents or institutions engaged in the struggle, or, to put it another way, a state of the distribution of the specific capital which has been accumulated in the course of previous struggles and which orients subsequent strategies. ... The struggles which take place within the field are about the monopoly of the legitimate violence (specific authority) which is characteristic of the field in question, which means, ultimately, the conservation or subversion of the structure of the distribution of the specific capital. (When one speaks of specific capital, this means to say that this capital is effective in relation to a particular field, and therefore within the limits of that field...). (Bourdieu, 1993: 73)

Broadly, Bourdieu (1984) observes three types of capital that tend to exist perennially within most fields: economic capital, which refers to financial resources; social capital, which refers to one's social networks and the status of individuals therein; and cultural capital, which broadly considers one's cultural skills, tastes, preferences, qualifications and so forth that operate as class distinctions. (Bourdieu also discusses a fourth type of capital as symbolic capital that overarches all capital within fields: "symbolic capital is the form assumed by all types of capital when their possession is perceived as legitimate", Lumme-Sandt & Virtanen, 2002: 288.) The relationship of individuals, groups and organisations within fields is influenced by rank and hierarchy (Swartz, 1997: 120). In turn, rank and hierarchy are determined by the distribution of specific capital valued within a field. Personal attributes are less important for determining one's position within fields than the accumulation of relevant capital (Swartz, 1997: 123).

The value of capital is contested within fields to become the site of struggle. Those in dominant positions are able to define what constitutes legitimate or valued capital, and thus reproduce their status by preserving the worth of their capital (Webb et al., 2002: 23). However, examples of the changing value of capital and shifts in power resulting from subversive strategies of agents are possible, such as pop art gaining legitimate value as cultural capital in the field of high-brow art.

Capital may also be valued differently at different times within different fields (Lumme-Sandt & Virtanen, 2002: 288). For example, holding a postgraduate degree in pharmacology may not hold substantial value in the academic field of fine art; however, in the field of medicine it may be considered valuable cultural capital, particularly so four decades ago at a time when such degrees were scarcer and university education held in higher regard. Acquiring valued capital improves the position of agents within fields.

Through habitus (in conjunction with one's capital) and fields, practices are formed and individuals are able to use strategies to navigate their way through daily life (McNay, 2000: 38). One does not operate in isolation to the other, and both are forming and formative, reproducing and generative:

Practices occur when habitus encounters those competitive arenas called fields, and action reflects the structure of that encounter. Practices are not to be reduced to either habitus or field but grow out of the interrelationship established at each point in time by the sets of relations represented by both. (Swartz, 1997: 141-142)

Thus habitus and fields allow for the consideration of how agents and groups function to support or subvert structures within the social order, and the strategies that are used at the subconscious level (the ‘feel for the game’) to negotiate positions. The next section will consider how Bourdieu’s concepts relate to the study of men and masculinities.

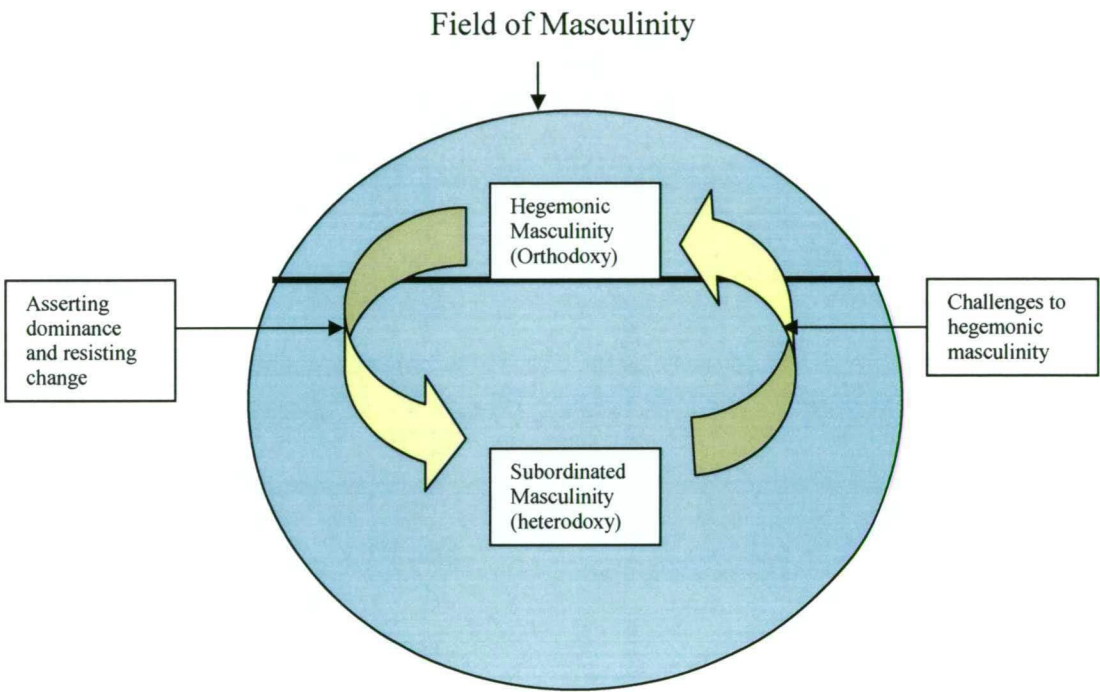
2.2.4. The field of masculinity

The study of gender and gender relations was a subject that Bourdieu dabbled with. Tacit in the work of both *Distinction* (1984) and *The Logic of Practice* (1990), Bourdieu more recently concerned himself more overtly with gender relations in his work *Masculine Domination* (2001). In *Masculine Domination*, Bourdieu considered gender relations and the struggles between men and women resulting in power differentials that abound therein (as opposed to the masculine domination of hegemonic men over subordinate groups of men and the hierarchy of masculinities).

The theoretical model proposed herein considers a *field of masculinity* (see Figure 2.1 below) and the struggles and contestations for positions that exist between men. Within the field of masculinity there are sites of domination and subordination, orthodoxy (maintaining the status quo) and heterodoxy (seeking change), subversion and usurpation. Individuals, groups and organisations struggle to lay claim to the legitimacy of specific capital within the field of masculinity. Those in dominant positions strive to conserve the status quo by monopolising definitions of masculinity and the value and distribution of capital,

while subordinate challengers look to subversive strategies, thus generating flux and mechanisms for change.

Figure 2.1: The Field of Masculinity



Like most fields, economic capital, social capital and cultural capital are all contested by individuals, groups and organisations within the field of masculinity. However, to these must be added another resource that is heavily contested within the field of masculinity and must be recognised as a form of capital – *the male body*. Although social, economic and cultural capital all carry weight in the field of masculinity, the centrality of the male body to men’s masculinities means that physical capital requires critical attention. The male body as physical capital and

its primary importance in the field of masculinity as a valued resource in relation to men's masculinities, health and ageing requires it to be a central theme in discussing the field of masculinity.

The concept of the body as a form of physical capital is not new. Bourdieu (1984) himself suggests that the internalisation of objective structures are often manifested in bodily form (such as posture, gait, speech) to become a materialisation of class taste. Drawing on this idea, Shilling (1991, 1993) develops the argument that the body is capable of being developed into forms of physical capital that become the site of tensions contributing to the reproduction of social inequalities, and shows how physical capital is able to be converted into other forms of capital. For Shilling, the body as a marker of physical capital is impinged on by other factors: most notably class. In a similar vein to Bourdieu, Shilling predominantly focuses on the ways in which social classes tend to produce distinct bodily forms that are assigned symbolic value and where physical capital is valued in parallel with class dispositions. While class is certainly important to how bodies are valued as physical capital in the field of masculinity, there are many other factors that influence the value of physical capital including age, ethnicity, health and sexuality.

In relation to the field of masculinity, the ways in which the male body is represented to personify dominant images of masculinity make it the object of struggles and valued as capital. It is a resource that men use to project an image of masculinity. As physical capital in the field of masculinity, the size and shape of the body are as important as how it is used (e.g., gait, speech, dexterity,

deportment, demeanour, sexual practices). Muscles have come to be equated with hegemonic masculine ideals of strength and power; low body fat is equated with being active and healthy. Thus, men with bodies that epitomise hegemonic masculinity and match the cultural ideal (i.e., lean, muscular, smooth, youthful) have the physical capital most valued in the field of masculinity.

Also important to the formation of men's masculinities in the field of masculinity are external sources of influence such as class, age and ethnicity. These external forces intersect with the field of masculinity to form complex matrices that allow for a variety of masculinities to exist.

[M]asculinity is constructed differently by class culture, by race and ethnicity, and by age. And each of these axes of masculinity modifies the others. Black masculinity differs from white masculinity, yet each of them is also further modified by class and age. A 30-year-old middle-class black man will have some things in common with a 30-year-old middle-class white man that he might not share with a 60-year-old working-class black man, although he will share with him elements of masculinity that are different from those of the white man of his class and age. The resulting matrix of masculinities is complicated by cross-cutting elements; without understanding this, we risk collapsing masculinities into one hegemonic version. (Kimmel & Messner, 2001: xvi)

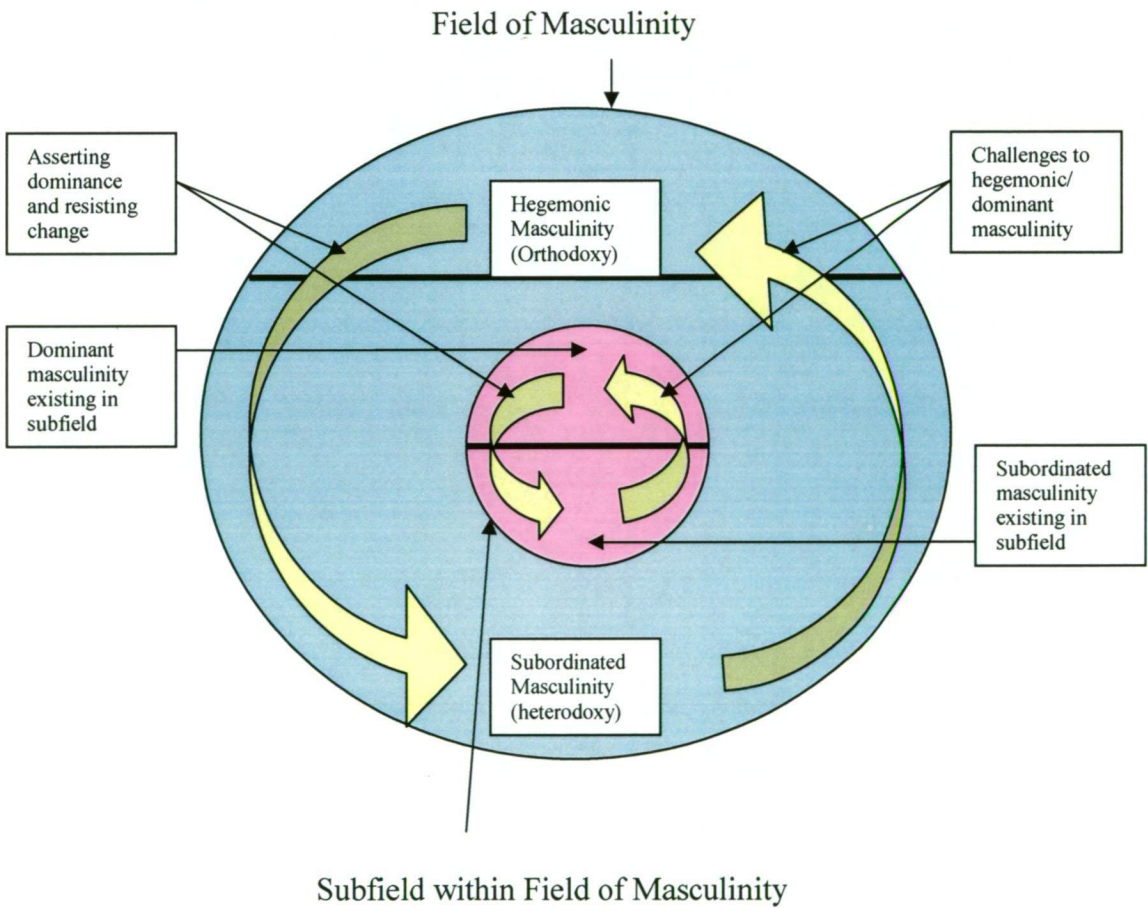
However, these external sources do not impinge directly on men's masculinities; rather, they are "mediated through the structure and dynamics of fields" (Swartz, 1997: 128). For example, class may bear heavily in terms of defining what masculinity means to individuals; however, class must be considered in relation to the effects of internal struggles within the field of masculinity and the relations of power premised on the value of various forms of capital. The significance of external forces is dependant on power struggles and hierarchies within the field of masculinity.

The concept of habitus also works well in suggesting how men negotiate masculinity. Being both durable and transposable, men use masculinity as a resourceful strategy to function in their everyday lives. Without being consciously aware of it, men's actions reflect this strategy (e.g., posture, gait, gestures, speech, etc) of performing masculinity. At the individual level it is used to negotiate daily practices. In conjunction with the field of masculinity, the performance becomes a struggle in conservation or subversion. In so doing, the practices are regular without being forced. These practices are based on opportunities or constraints that are presented through the continuum of time and space (Swartz, 1997: 100).

As mentioned above, one of the strengths of habitus is its ability to function without introspective scrutiny, below the level of conscious reasoning and deliberate will to action. This 'feel for the game' gives the impression that one's actions and dispositions are in effect instinctual (McNay, 2000: 39). Thus, the *modus operandi* of habitus allows men to view their masculinity as innate and simultaneously allows individual men to consider their own form of masculinity as a true sense of masculinity without questioning what it means or seeking a reason to validate their actions. The struggle for legitimacy that exists in the field of masculinity between dominant and subordinated masculinities is validated by habitus and the belief that one's own masculinity is 'natural' and 'true'. Thus, even those men in subordinated positions in the field of masculinity may not see their masculinity as illegitimate or marginalised, particularly if they operate in social fields and domains in which the actions and dispositions of other men are

similar to their own. Masculinity as an unconscious strategy forms part of the habitus of men that is both transposable and malleable to given situations to form practical dispositions and actions to everyday situations.

Figure 2.2: Subfields in the field of masculinity



Finally, the notion of fields and subfields that exist within, and overlap with, the field of masculinity also need to be considered to understand how men subordinated or marginalised by hegemonic masculinity are able to deny or refute their position as subordinated or marginalised (see Figure 2.2 above). Subfields

have their own sets of struggles over capital, which in turn create distinctions between dominant and subordinated groups of men. Therefore, subfields allow for dominant masculinities to exist within subordinated positions within the field of masculinity.

For example, the field of gay masculinity has its own contested boundaries of dominant gay masculinities and subordinate gay masculinities. Although located in the field of masculinity in a subordinated position by hegemonic definitions of masculinity, gay men may feel that their masculinity is not one that is subordinated if they fit dominant gay masculinities within the field of gay masculinity. Dominant gay masculinities may draw upon and share values associated with hegemonic masculinity (e.g., sexually aggressive, independent) that may lend to further legitimising the value of their gay masculinity. In doing so, gay men may feel that the masculinity they perform is dominant in relation to other masculinities. In effect, this may mean that men's lived experiences of masculinity may be far from perceived as either illegitimate or having a relegated status in comparison to other men's masculinities.

2.2.5. Theoretical synthesis: Connell and Bourdieu

While Connell (1983, 1987) readily praises the merits of Bourdieu and his ability to develop a general theory of practice that attempts reflexivity and acknowledges autonomy, he is also quick to criticise Bourdieu for what he sees as Bourdieu's failure to consider how social structures are *produced*:

[Bourdieu's] image of social structure depends so heavily on the idea of social 'reproduction' that it is difficult to reconcile with any idea of a historical dynamic, except something that happens behind the backs of

actors. History does happen in Bourdieu's world, but it is not produced. (Connell, 1987: 94)

For Connell, the problem is that Bourdieu only reflects on the ways in which habitus is socially reproduced. Consequently, Connell argues that Bourdieu's work is limited in what it offers to the study of men and masculinities as it fails to adequately account for how change is produced at the level of both structure and agency.

However, I not only argue that Bourdieu's theories are capable of outlining social production, but also that Bourdieu's theoretical concepts can be effectively transposed to the study of men and masculinities to show how men use masculinity as a resource, and how masculinities are produced within the field of masculinity. Furthermore, Bourdieu's work on habitus and fields presents a way of overcoming some of the shortfalls of Connell's theory of men and masculinities (outlined above) and provides a legitimate way of understanding how men do gender effectively and manage to negotiate their identities over the life course.

First, it should be made clear that Connell's critique of Bourdieu's theories are not unfounded, nor does it lack support from other social commentators who single out similar problems relating to social production and reproduction in Bourdieu's theories (Butler, 1999; Sullivan, 2001; Verdés-Leroux, 2001; Chodus & Curtis, 2002). However, what appears to be missing in these critiques is an understanding of how fields overlap and interplay to create social production.

A field is not a bubble in which habitus operates to form practice that function in a circulatory fashion, condemned to an endless cycle of reproduction, passed down from one generation to the next. Fields operate across a continuum in which the struggles in one field have implications in others. For example, the field of gender contains the struggles of men as the dominant group against women as the subordinated group resulting in a patriarchal power differential.

In the field of gender, men have persistently and tirelessly worked to establish a case for the superiority of men's essential nature in all of those domains which are said to determine the "real" worth of a person – from superiority in the moral sense through to superiority in regard to the possession of those highly regarded capacities of logic and rational argument. This case has been central to the maintenance and extension of the inequitable arrangements between the genders – to the justification of the oppression of women, and for the support of male power, privilege and violence. (White, 1996: 167)

Men use their dominant positions in the field of gender to maintain the patriarchal gendered hierarchy (orthodoxy) that privileges men, while feminists look to subversion and change (heterodoxy). Influenced by a variety of other fields (most notably the field of economic production, see Evans, 2002: 10), feminism has been able to make ground in its struggle against men and legitimise the rights of women and push for a move towards equality in certain social spheres, both public and private.

In turn, men have tried to defend their position of dominance by falling on essentialist arguments that necessarily separate men from women. This struggle in the field of gender has influenced struggles in the field of masculinity. The essentialist argument creates instability in the field of masculinity as subordinated men use the argument of essentialism (i.e., that men are genetically predisposed to

display masculine traits such as aggression, promiscuity and risk taking) generated in the field of gender to subvert hegemonic masculinity by laying claim to all men being masculine regardless of their cultural background or sexual orientation. Thus, social change is capable of being produced as change in one field has the potential to lay down foundations for challenges in other fields.

There also appears to be elements of congruency between Bourdieu and Connell's theoretical underpinnings that appears to have been overlooked in the study of men and masculinities. Bourdieu's concepts of fields and capital, and the identification of the struggles that exist between positions of orthodoxy and heterodoxy that generate fields are complementary to the theoretical concept of hegemonic masculinity. Indeed, 'hegemony' as a theoretical concept fits quite neatly into Bourdieu's concept of fields and the dominant position of orthodoxy taken within fields. For as Williams demonstrates in defining hegemony:

A lived hegemony is always a process. It is not, except analytically, a system or a structure. It is a realized complex of experiences, relationships, and activities, with specific and changing pressures and limits. ... Moreover (and this is crucial, reminding us of the necessary thrust of the concept), [hegemony] does not just passively exist as a form of dominance. It has continually to be renewed, recreated, defended, and modified. It is also continually resisted, limited, altered, challenged by pressures not at all its own. We have then to add to the concept of hegemony the concepts of counter-hegemony and alternative hegemony, which are real and persistent elements of practice ... The reality of any hegemony, in the extended political and cultural sense, is that, while by definition it is always dominant, it is never either total or exclusive. At any time, forms of alternative or directly oppositional politics and culture exist as significant elements in the society. ... [A]ny hegemonic process must be especially alert and responsive to the alternatives and opposition which question or threaten its dominance. The reality of cultural process must then always include the efforts and contributions of those who are in one way or another outside or at the edge of the terms of the specific hegemony. (1977: 112-113)

Williams' definition of hegemony (and by default, counter-hegemony) is remarkably similar to the struggles between orthodoxy and heterodoxy that are played out in fields described by Bourdieu.

If one is to use the above definition of hegemony in relation to the concept of hegemonic masculinity, then hegemonic masculinity can be used to appropriately describe that form of masculinity which is considered culturally to be most dominant at any given time (remembering that it is fluid and subject to change) *within the field of masculinity*. Where the concept of hegemonic masculinity is lacking is in its inability to account for other dominant masculinities that exist in fields overlapping with the field of masculinity and subfields within the field of masculinity. There, too, struggles exist between orthodoxy and heterodoxy (or to use Williams' framework, hegemony and counter-hegemony) meaning that other dominant masculinities necessarily exist that may not conform with hegemonic masculinity in the field of masculinity.

Nevertheless, the theoretical concept of hegemony and Bourdieu's concepts of fields, capital and habitus appear to be complementary. A theoretical synthesis of the work of Connell and Bourdieu is therefore proposed in relation to the study of men and masculinities. Additionally, Connell and Bourdieu share commonalities in their theoretical positions that further suggest the possibility of synthesis: both believe class and economic materialism to be a prominent social issue that exists perennially, cutting through other issues such as gender; both recognise masculine domination as a problematic social principle; and both acknowledge the necessity to consider the individual and how they perform gender while simultaneously

considering the effects of social structures such as education and law that pervade individual choices.

Moreover, theoretical synthesis between the two has already been attempted by Meuser (2003) in his article 'Modernized Masculinities?: Continuities, Challenges and Changes in Men's Lives'. However, Meuser's theory is at best a disjointed overview of how both Bourdieu and Connell have theories capable of contributing to the study of men and masculinities rather than a synthesis. Meuser does not detail the theoretical parallels or where they complement one another, or how they are capable of operating together as a single theoretical model. Building on the work of Meuser, who tacitly brings Bourdieu and Connell into play in the study of men and masculinities, this thesis draws upon the work of Connell and Bourdieu, outlining how they are able to complement one another, and what a theoretical synthesis potentially brings to the study of men and masculinities.

As mentioned above, the difficulty with focusing on hegemonic masculinity as the one dominant form of masculinity that is culturally exalted is that it limits the potential for discussions on other dominant masculinities that exist. For example, there are dominant gay masculinities that struggle and defend against subordinate gay masculinities; there are dominant working class masculinities that struggle and defend against subordinate working class masculinities; there are dominant disabled men's masculinities that struggle and defend against subordinate disabled men's masculinities, and so forth.

So how is it that in different domains and fields there exist a variety of dominant masculinities? Here Bourdieu provides a clue through the concept of fields. Within any given field there are those in positions of dominance and those who are subordinated. While hegemonic masculinity can be used to describe the dominant version of masculinity within the field of masculinity, there are subfields within the field of masculinity that have their own dynamics of dominant and subordinate masculinities. Therefore, one may be subordinated as a gay man within the field of masculinity and yet be dominant within the field of gay masculinity.

Bourdieu's concept of fields allows for a variety of dominant masculinities to exist. As there are a multitude of fields in which masculinities operate, so too are there necessarily different versions of dominant (and subordinate) masculinities. For example, in the field of business and finance where economic capital is highly valued, dominant masculinity is exemplified in the aggressive market exploits of men. In the field of militia, toughness and brute physical strength represent dominant versions of masculinity, and the body is valued as physical capital. Furthermore, these dominant masculinities are cross-cut by external sources such as ethnicity and age that also need to be considered. While the concept of hegemonic masculinity is centrally important to the study of men and masculinities, it needs to be contextualised within Bourdieu's concept of fields to allow for consideration of multiple dominant masculinities.

Connell's concept of hegemonic masculinity leaves little room for resistance at the individual level, or reasons for why men should even want to resist.

Individual men are constrained by social structures that do not allow for difference or resistance. Why would someone be homosexual by choice in a society that punishes, ostracises or castigates homosexuality? That they derive a patriarchal dividend is weak at best. Here Connell is crossing from men's position within the field of masculinity and assuming they will tolerate subordination on account of their position as a man within the field of gender. These are two separate fields (though they do overlap) that have two quite separate struggles. This is not to deny the importance of patriarchy and the oppressive techniques - including complicity - that men use over women to maintain their privileged position; rather, I wish to posit that patriarchy in the field of gender needs to be separated from the field of masculinity in which men struggle with other men over the value of capital, power and privilege that does not *directly* involve women or patriarchal power.

Bourdieu, however, does not view social structures as necessarily constraining. The value of specific capital determines positions of dominance and subordination. Although those in dominant positions are better able to determine what is to be valued capital, there is the potential for those in subordinated positions to either challenge its legitimacy or gain access to such capital (such as a wealthy Aboriginal man who has strong business and political connections, or a gay man who excels in professional contact sports). Subordinated men may work with social structures and the capital at hand to struggle against orthodoxy.

For Connell, masculinity is a fluid concept that cannot be objectively defined. Yet there is no elaboration on how men develop strategies to negotiate changing

masculinities (both at the individual level and the structural level) over the life course. By considering habitus and fields, however, it is possible to analyse how men develop strategies to negotiate masculinity over the life course. How men perform gender is a complex mix of fields and habitus producing practice. Habitus allows masculinity to be both transposable and adaptable, a strategy by which men are able to adapt to given situations.

Importantly, habitus also allows for individuality and difference in how men perform masculinity. It helps to explain why some men choose to reject hegemonic masculinity, why some men support it, or why men may reject some components of hegemonic masculinity while simultaneously supporting others (such as men who reject overt sexism in the workplace, but then engage in sexist behaviour with their mates at the pub). Their position depends on their relationship to others in the field of masculinity and the resources they have available at their disposal in the way of capital. It may also depend on the subfield in which they operate in the field of masculinity as to whether they believe their masculinity to be a dominant or legitimate form of masculinity. Bourdieu's use of fields and habitus more ably explains how masculine identities are individually lived out.

Using both Bourdieu and Connell provides a lucid insight into how masculinities are produced and reproduced, both at the structural level and the individual level, the hierarchies involved, and how men come to negotiate masculinities over the life course.

2.3. Conclusion

This chapter began with a discussion of some of the dominant theoretical contributions to the study of men and masculinities and how they have contributed to an understanding of men's health issues. In particular, Connell's concepts of hegemonic masculinity and the gender order were considered. However, despite Connell's prolific contribution to the study of men and masculinity, and to the study of men's health, the concept of hegemonic masculinity retains limitations that present an impasse to the study. These include the failure to consider the presence of multiple dominant masculinities and how and why individual men resist hegemonic masculinities.

To overcome this, the work of Bourdieu was used, and in particular the concepts of habitus, capital and fields, to build on the concept of hegemonic masculinity. By drawing attention to fields, and the interplay of fields, it is possible to develop a theory involving multiple dominant masculinities. Fields are always contested and involve struggles. Thus, there is always going to be resistance to orthodoxy. Using capital to negotiate one's position in the field means that there is always the potential for subversion. Furthermore, habitus and the ensuing practices of men allow for an individual perspective on how and why men perform gender.

This theoretical model will be used to consider how masculinities impact on men's health. Yet considering how doing gender impacts on men's health is only part of the equation. Attention also needs to be given to how changes in states of health affect men's gender identities. Where health is epitomised as the

masculine ideal, consideration needs to be given as to how men might negotiate their gender identities, and/or what health means to them, when their health is compromised, either temporarily or permanently. This research will therefore consider not only how doing gender impacts on men's health, but also how ageing and changes to men's health affects men's masculinities. This will be dealt with in more detail in the next chapter.

CHAPTER THREE

Men's Health, Masculinity and Ageing

3.1. Introduction

The previous chapter outlined the theoretical framework used for this research project. In particular, the chapter focused on Connell's hierarchical model of masculinities, dominated by hegemonic masculinity, and Bourdieu's concepts of fields, capital and habitus that allow for a range of dominant masculinities to co-exist within (what I have termed) the field of masculinity.

This chapter elaborates on the importance of the male body to men's masculinities and how this, in turn, impacts on men's health issues. The chapter also explores how health has the potential to impact upon men's masculinities. The chapter begins by looking at how the male body contributes to defining men's masculinities. This is necessary for understanding men's health issues:

For the men's health field at the present time, the analysis ... indicates that the key problems concern the ways boys' and men's bodies are caught up in the process of making masculinities ... This is the nexus where men's positions in the world, and their responses to their situation, generate both health effects and opportunities for care and prevention. (Connell et al., 1999: 10)

This needs to be explored if one is to develop practical outcomes for men in relation to their health and health needs. The relationship between health and

masculinity and how changes to men's health may affect men's masculinities are also considered. I look at the limited studies that have been conducted analysing the strategies men employ to negotiate their health and their masculinity when one impinges on the other, and then consider what is currently missing within the literature. The importance of men's body image to men's identities and what this means to men's health and wellbeing is also explored.

Finally, the ageing body, a subject currently under-explored in men's studies, and how changes to the body associated with ageing affect men, both in terms of their health and their identities as men are considered. The chapter concludes by analysing the current gaps in men's health studies and how this study will contribute to understanding how men negotiate their health and masculinities over the life course.

3.2. Men's health, masculinity and the male body

With the advent of feminism, the deconstruction of gender identity within gender theory, and the growing voice of subordinate and marginalised groups of men, attitudes towards masculinity have shifted (Seidler, 1991: 21-25). The virtuous traits once traditionally associated with masculinity are now juxtaposed with the vices of masculinity, such as aggression, violence, emotional coldness, isolation, self-destructiveness, and an inability to communicate or empathise with others (MacInnes, 1998: 47). Combined with this paradigmatic shift in attitudes towards masculinity, men are also witnessing a blurring of the gender division lines: women continue to penetrate once ubiquitously masculine domains in the public

and private spheres, while once voiceless groups of men who did not conform to the hegemonic masculine ideal (such as gay men) now proudly voice their opposition to the status quo and carve themselves their own identity and their own niche within the field of masculinity.

The result has meant that masculinity is no longer as certain or concrete as it was once assumed to be (O'Hehir, 1996: 48). As such, many men are turning to their bodies to reaffirm their masculinity: the body has become the tangible means through which men can outwardly and explicitly display an obviously masculine physique which is able to symbolically emphasise traits associated with masculinity (Klein, 1993; Dutton, 1995; Pope et al., 2000). For many men who have limited social, economic or cultural capital (such as working class men), the body is all they have by which they can exclusively express their masculinity (e.g., strength, power, activity, tenacity, virility). As Alan Klein states after reflecting on his sociological study into bodybuilding and hypermasculinity:

the golden era when 'men were men' has passed, and the powerful roles traditionally the exclusive province of men have vanished, weakened or are no longer gender-specific. Accordingly, many bodybuilding men have clutched to themselves the only trait that gives them hegemony over women: their size. (1993: 36)

The muscular physique serves as a formidable presence, conveying messages of power, control, and invulnerability, as well as the potential to exercise violence when required (Wienke, 1998: 257). For this reason, the muscular male body has become the cultural 'ideal' as it is able to physically represent and symbolise culturally dominant masculine ideals such as strength and power (Glassner, 1995a: 252-254).

Furthermore, the masculine body is equated with health and having a healthy body (Watson, 2000; Whitehead, 2002). The healthy male body must be free of disease, illness or disability (either cognitive or physical) so that one has control over one's body and one's actions, and is in no way vulnerable to being dependent on others. To be healthy, or appear to be healthy, is representative of such hegemonic masculine traits as strength, independence, control, toughness, invulnerability, stoicism and bravery. Thus, to appear healthy and project an image of masculinity may be more important to some men than actually being healthy, or seeking medical help when they might need it.

Moreover, the body needs to be considered not only as a vessel that is susceptible to disease and illness, but also as an outward reflection of one's identity. Body image can therefore have an impact on men's health and wellbeing by influencing their self-esteem and self-worth (Wienke, 1998; Grogan, 1999; Spitzer et al., 1999; Pope et al., 2000). This is an issue that has become more pronounced in recent years with the commodification of men's bodies and masculinities. Consumer culture demands that men maintain an image of youthfulness, activity and health that places the onus of bodily maintenance upon men themselves (Featherstone, 1991). To fail to achieve a body that reflects these images may have a direct impact on men's health and wellbeing, as well as affecting men's masculinities. Body image is therefore an important issue to consider in relation to men's health.

This section begins by looking at how masculinity and the body are related, the importance of the male body to hegemonic masculinity, and how the body is used as capital in different ways by men in the field of masculinity.

3.2.1. Masculinity and the male body

The body is integrally bound up with gender identity. In Australian society there is a strong emphasis placed on the physical sense of maleness and femaleness that is central to social and cultural understandings of gender and identity (Connell, 1995: 45-66 *passim*). The culturally 'ideal' male body is perceived as strong, muscular, hard, and healthy, and as a consequence the body has become visually symbolic of stereotypical notions of masculinity, such as strength, tenacity, competence, sexual potency, independence, dominance, self-confidence, and aggression (Wienke, 1998: 258); traits that are associated with hegemonic masculinity.

However, all too often, the body and gender identity are conflated in a biological relationship where sex is equated with gender (Buchbinder, 1998b: 354-355). This gives the appearance of gender as 'natural' (Nettleton, 1995: 104-106). Consequently, men's behaviour is often taken for granted as the natural order of things (Connell, 1995: 45), exacerbated by attitudes that accept that 'boys will be boys'. For example, the hormone testosterone (more prominent in men than in women) is often used to explain (and excuse) men's sexual promiscuity and in explaining male competitive behaviour, aggression and violence (Doyle, 1989: 59-60).

Furthermore, gender inequalities are given credence premised on this essentialist argument. The strength and power of male bodies compared to that of female bodies is used as justification for inequalities in political, economic and social spheres: that men tend to occupy positions of power is perceived as the natural order as men are 'naturally' (physically) more powerful than women (Connell, 1987; Morgan, 1993). By equating and conflating muscle with masculinity, men are able to use their bodies as a physical manifestation of their masculinity (Klein, 1993; Glassner, 1995a). In this way, the male body is able to distance itself from the female body by virtue of size and muscularity. Thus the body is used to broaden the gender dichotomy and maintain male hegemony in the field of gender by claiming a 'natural' superiority where physical strength is translated as power and dominance.

However, it should be stressed that although the biological body is often conflated with gender identities, where males are expected to be masculine and females are expected to be feminine, one's gender is not biologically determined (Millet, 1970; Oakley, 1985; Connell, 1987, 2000; Buchbinder, 1998a; Petersen, 1998; Webb, 1998; White, 2002a; Sheldon, 2002). Rather, the body is a reference point for social definitions of gender identity: "My male body does not confer masculinity on me; it receives masculinity (or some fragment thereof) as its social definition ... The body, without ceasing to be the body, is taken in hand and transformed in social practice" (Connell, 1987: 83). Although the body is organic, it is socially transformed along gendered lines. Gender identity is imposed on the body creating gendered expectations of behaviour linked to whether one is male or female (Morgan, 1993: 70). Therefore, although social

commentators such as Butler (1993) and MacInnes (1998) have successfully argued against conflating male with masculine and female with feminine, it is the biological differences between men and women that generate claims to difference in gender, albeit socially constructed. The lived reality is that there are gendered expectations dependent on whether one is male or female: "A man must be male and masculine and nothing else" (Easthope, 1990: 167).

As bodies are reference points for gender, bodies must consequently perform gender. In relation to masculinity, this may take various forms and involve:

size and shape, habits of posture and movement, particular physical skills and the lack of others, the image of one's own body, the way it is presented to other people and the ways they respond to it, the way it operates in work and in sexual relations. (Connell, 1987: 84)

Performing masculinity necessarily involves the body. To be masculine is to present the body as dominant and powerful and have an assertive, physical presence in a public space (Connell, 1983; Morgan, 1993). Thus, men often sit or stand with their legs apart, shoulders back, chest out, and heads held high (Salisbury & Jackson, 1996: 189).

Performing masculinity may not always be consciously displayed (such as when one is challenged to a physical fight) but exists below the level of consciousness in the most mundane of daily activities such as eating or urinating. For example, in looking at the performance of masculinity through the eating habits of working class men, Bourdieu writes:

Fish tends to be regarded as an unsuitable food for men, not only because it is a light food, insufficiently 'filling', which would only be cooked for health reasons, i.e., for invalids and children, but also because, like fruit (except bananas) it is one of the 'fiddly' things which a man's hands cannot cope with and which make him childlike ... but above all, it is because fish has to be eaten in a way which totally contradicts the masculine way of eating, that is, with restraint, in small mouthfuls, chewed gently, with the front of the mouth, on the tips of the teeth (because of the bones). The whole masculine identity – what is called virility – is involved in these two ways of eating, nibbling and picking, as befits a woman, or with whole-hearted male gulps and mouthfuls. (1984: 190)

Failure to perform hegemonic masculinity may result in castigation, ostracisation, humiliation or physical abuse (Buchbinder, 1998b: 358).

Yet not all male bodies are equal (Petersen, 1998; Whitehead, 2002), and some male bodies have come to be defined as more masculine than others (Morgan, 1993: 80). In Australia and most Western societies, it is the youthful, toned, muscular, smooth male body that has come to represent dominant versions of masculinity (Dutton, 1995; Petersen, 1998). Through this athletic and active male body, traits such as aggression and competitiveness, common in the domain of sports, are implied (Glassner, 1995a: 259-261). The muscularity of this body suggests strength and power achieved through physical exertion (Klein, 1993; Dutton, 1995; Glassner, 1995a). A well toned gym body shows an ability to master one's body and control over the objects it must push and pull to achieve such a body (Foucault, 1977; Johansson, 2003).

The ideal male body is also a healthy body, free of disease, injury, illness or any kind of physical 'imperfection'. It is deliberately oppositional to the soft flesh and slight stature of the idealised woman's body that suggests weakness and fragility, thus emphasising difference. This difference, in turn, "can be used to delineate boundaries between that which is considered normal, and hence superior, and that which is viewed as pathological, and hence inferior, with deleterious consequences for those so labelled" (Petersen, 1998: 10). Moreover, the idealised male body is more often than not white (though often with a tan), able-bodied, heterosexual, and youthful (Cheng, 1999: 298), an important point which I will return to.

The ways in which bodies perform masculinity is also important to consider. The actions the body performs must be congruent with what the body represents: the strong and powerful body must be capable of exercising forceful and even violent actions when required. Indeed, as Connell notes: "The bodily capacity to commit violence becomes, for many boys and young men, part of their sense of masculinity, and a willingness to put their bodies on the line in violence remains as a test of hegemonic masculinity" (2000: 218). How bodies perform masculinity is as important as what bodies represent.

Furthermore, the disciplined body is synonymous with the focused and rational mind (Petersen, 1998: 47). Consequently, the hard, athletic body suggests a mind that is strong, focused, clear and in control. For example:

Let us consider Rodin's often reproduced (and parodied) statue, '*The Thinker*'. Firstly, it is almost certainly no accident that the figure is a male figure; it is by no means certain that the statue would work if it depicted a woman in an identical pose. Further, it is clearly a matter of some importance that it is not any old male body that is being depicted. An obese figure or a skeletal figure would be as inappropriate as would be a female figure. Secondly, the figure clearly represents a special kind of unity of mind and body. The figure is not simply thinking; he can be said to be actively doing thinking. (Morgan 1993: 72)

Inversely, to fail to achieve the cultural ideal of the muscular male body is to be a person who is not in control of their body, their mind, their emotions, or their environment.

3.2.2. The male body and physical capital

As mentioned in chapter two, where the body is contested and becomes the site of struggle, it also has the potential to influence social location within fields (Shilling, 1993; Nettleton, 1995). The importance of the male body to men's masculinities means that the body may be viewed as a form of physical capital that is valued and prized in the field of masculinity.

The body as capital, however, is valued differently in different fields at different times. As Shilling remarks:

When social fields bestow value on a specific bodily form, activity or performance, they are effectively creating a category of physical capital. Having recognized a particular form of physical capital, though, the dynamic principles which constitute a field are subject to change. Consequently, those bodily forms which are regarded as valuable, and the precise values attached to them, are also likely to change. For example, individual sports may rise and fall in value as may the earnings of professional sports-people. Changes in the field of fashion may affect the symbolic value of certain styles of deportment, talk and dress. This means

that the initial production of a valued bodily form among a group or class does not guarantee its *continued* exchange value. The value attached to particular bodies changes over time; as fields within societies change, so may the forms of physical capital they reward. (original emphasis, 1993: 139)

Also, the transposable dispositions that comprise one's habitus are lived out as bodily practices in a variety of ways across fields as strategies (Butler, 1996; Casey, 1998; Burkitt, 1999). The male body as capital in the field of gender must therefore be considered as separate to how the male body is used as capital in the field of masculinity (though at times the body as capital is used similarly). The struggle that exists between men and women in the field of gender is one in which the body as capital becomes the site of struggle itself in terms of how it is valued. Orthodoxy maintains that the biological body dictates the terms of gender and that men are born to behave masculine and women are born to behave feminine. This viewpoint, perpetuated through objective structures such as the media, sports, science, and so forth, is one that benefits men through the perpetuation of the patriarchal social order by justifying social inequalities and the gender imbalance as naturally predetermined (Nettleton, 1995: 104-106).

Most men (and many women, see Connell, 1995; Glassner, 1995a; Petersen, 1998) support the gender dichotomy due to benefits they may derive from such division. For example, Connell (1995: 79) suggests that men are prone to support gender difference and inequality because they derive a patriarchal dividend from it that privileges men collectively. For women (and to a lesser extent, men) to subvert this ideology, the body once again becomes the site of struggle:

The importance of the body for feminist writers can be explained in large part by reference to the obvious role which bodily factors have played in women's subordination. ... First, women have often been reduced to little more than bodies, understood as controlled by biochemical processes (such as hormonal flows) and mysterious female mental disorders (such as hysteria) with the possibility of truly autonomous female action thus marginalized or denied. Secondly, beliefs that the female body is weak, fragile and easily damaged have historically served to support policies excluding women from a variety of social goods including, for a long time, access to higher education. (Sheldon, 2002: 14)

The social constructionist argument separates the body (biological) from gender (social) such that inequalities are grounded as socially constructed and unnatural (Nettleton, 1995: 107). For example, feminist theory has successfully argued against male promiscuity and female piety as biologically determined by focusing on the socially constructed power differentials that separate male and female sexuality to the disadvantage of women (Butler, 1990, 1993; Bordo, 1999; Sullivan, 2001). Reflecting on the sexual revolution of the 1960s, Rosalind Coward writes:

Feminism had focused on a deeper problem, of discrimination based on gender so that masculinity conferred advantages and femininity guaranteed disadvantages. ... Women were being controlled by ... age-old assumptions about appropriate lifestyles and behaviours and a contempt for women who strayed. Hence women's demands for the right to sexual self-discovery, and the right to have a sexual life without judgement. All of this entailed challenging assumptions about sex premised on male superiority: the hypocrisy which accepted men's sexual desires as normal but castigated women for theirs; women's rights to control their own fertility rather than being at the whim of men's desires (with consequent unwanted pregnancy); the taking of the male body as norm with the consequence that female health and sexual problems were regarded with a combination of neglect and disgust. (1999: 24-25)

By belittling the body as capital that advantages men and disadvantages women, feminist social theory attempts to subvert the dominant paradigm that maintains

the essentialist argument that men are 'naturally' superior and more 'powerful' than women.

Yet where the body as physical capital serves as symbolic of men's right to rule and of male superiority in the field of gender, it also paradoxically serves to undermine hegemonic masculinity in the field of masculinity. Men who are marginalised or subordinated by hegemonic masculinity are able to lay claim to the body as capital to subvert dominant ideology in the field of masculinity, and even use the body as capital to maintain dominant positions in other fields. For example, working class men often use their bodies for hard physical labour that aids in the development of muscles and keeps them lean, giving them valued physical capital in the field of masculinity. As part of their daily regimen they are able to build bodies that are symbolic of the hegemonic ideal thus challenging hegemonic masculinity as necessarily middle class (Wienke, 1998: 266). Nevertheless, as Williams and Bendolow (1998: 77-78) and Shilling (1993: 133) suggest, the body also performs class (e.g., gait, speech, mannerisms) in ways that necessarily separate middle-class men whose physical capital is valued above that of working class men.

Likewise, although hegemonic masculinity demands compulsory heterosexuality (Connell, 1995: 104), homosexual men are able to use the body as capital to subvert hegemonic masculinity. Where the ideal male body that is youthful, lean, smooth and muscular has become the heterosexual ideal male body that appeals to heterosexual women, it has also become the gay man's sexualised ideal body

(Glassner, 1995a; Bordo, 1999). Thus there are many gay men who have bodies that reflect the hegemonic ideal and subvert the legitimacy of hegemonic masculinity as necessarily heterosexual. The ideal male body that epitomises hegemonic masculinity may be either heterosexual or homosexual (on the surface at least).

Furthermore, the reliance on the essentialist argument that masculinity is tied to male biology in the field of gender becomes problematic in the field of masculinity as it allows gay men to be masculine by virtue of the fact they are men in the same way as heterosexual men. The essentialist argument that men are innately masculine means that there is no reason to exclude homosexuality from the hegemonic masculine ideal. Hence the current drive to find the gay gene that would naturalise irrevocable difference between heterosexual men and homosexual men (Nettleton, 1995: 105).

In the field of gender, it is enough to be male in order to derive what Connell terms the patriarchal dividend regardless of class, age or ethnicity. The struggle over the body, where the male body as capital is valued more highly than the female body, is one that is difficult for women to subvert. It is in the field of masculinity that struggles over the male body become more complex based on size, age, ethnicity, health status, disability, and so forth. The ideal male body that symbolises hegemonic masculinity is heavily contested by those who are subordinated by hegemonic masculinity and fiercely defended by those men who gain from hegemonic masculinity (Connell, 1995; Miller, 1998).

Furthermore, there are other fields and subfields which serve to challenge hegemonic masculinity and the ideal male body in the field of masculinity such as the field of sport (in which both heterosexual and homosexual men take to the field to perform masculinity in identical ways), the field of business and finance (where economic capital and experience may be more highly valued than the physical capital of youthful vigour), or the field of education (where knowledge is prized higher than dexterity), to name but a few.

Importantly, where the body as capital is valued, prime health is essential. Chapter two considered how performing masculinity affects men's health. The next section will explore how health affects men's masculinities and how men are often required to negotiate masculinity as a consequence of changes to their health status.

3.2.3. Health and men's bodies

Having good health, or rather, not suffering from poor health or disability, is often important to how men think of themselves as men (Watson, 2000; White, 2002a; Whitehead, 2002): "Deteriorating health can weaken men's association with dominant codes of masculinity, while robust health speaks of men's potency and mastery of situations" (Whitehead, 2002: 202). 'Real men' aren't supposed to get sick or injured, and if they do then they don't complain about it (Kimmel, 1995; Petersen & Lupton, 1996; Pease, 2002). To assume traits that meet with hegemonic masculinity means men must be brave, stoic and independent. To be sick (or admit to being sick) is to be weak and dependent on the support of others.

Furthermore, the image of the healthy male body (lean, muscular, youthful and able-bodied) is remarkably, and by no means coincidentally, similar to the male body that epitomises hegemonic masculinity (Watson, 2000: 80-82). Physical health and fitness are viewed as necessary for healthy male bodies as well as linked to notions of power, strength and control (Brown, 1999: 267). In this way, health and masculinity are conflated in the same male body type: the able-bodied, lean, muscular, youthful male body has come to represent health and fitness, as well as hegemonic versions of masculinity.

Also, medical analogies between bodies and machines suggest that bodies need to be maintained in the same way machines do so as to improve longevity and good working order (Lupton, 1998; Petersen, 1998; Brown, 1999; Watson, 2000). Consequently, the onus of improving or maintaining one's health rests on the self. Health becomes the responsibility of the individual and requires degrees of self-control (traits that are equated with masculinity) over one's body (Turner, 1992; Morgan & Scott, 1993; Petersen & Lupton, 1996; Annandale, 1998; Lupton, 1998; Goldstein, 2000). Indeed, the analogy of the body as a machine is one employed by the Australian Government as part of a recent campaign targeting men's health in which men are encouraged to make 'pit-stops' and 'check under the bonnet' to make sure everything is running well. Maintaining health, or projecting an image of health, is therefore important to men's masculinities in relation to personifying traits such as control, independence, virility, responsibility and strength.

While many studies have concentrated on the damage that performing hegemonic masculinity does to men's health (Connell, 1995; Watson, 2000; Wheaton, 2000), maintaining or improving one's health may also be attributed to living up to the hegemonic masculine ideal. The corollary to this is that some men are taking up recreational sport and exercise, avoiding risk taking behaviours and being more conscious of what they eat and drink so as to avoid poor health and illness and live up to definitions of hegemonic masculinity. Therefore, hegemonic masculinity may paradoxically promote good health while also being responsible for encouraging behaviours that damage men's health.

However, while it can be argued that with more men engaging in exercise and being more attuned to what they ingest that men as a collective would benefit from improved health outcomes, it could also be argued that there are additional demands placed on one's health and wellbeing. For example, health is associated with an image of a body that is lean and muscular (Watson, 2000: 75, 80-83), and in turn, the pressure to develop a more muscular body that exemplifies peak health and fitness can result in poor self-esteem, anxiety, body dysmorphia, and depression (Klein, 1993; Glassner, 1995a; Grogan, 1999; Lynch & Zellner, 1999; Pope et al., 2000).

Moreover, *being* healthy may be less important to the individual than *appearing* healthy (Morris, 1998: 139); thus, unhealthy behaviours may be employed to achieve a body that appears (superficially at least) healthy and masculine. For example, in an effort to achieve the 'ideal' healthy male body, steroids are tolerated or even revered within the bodybuilding sub-culture and any associated

health risks are consequently ignored (Fussell, 1991; Bloor et al., 1998; Morris, 1998): the appearance of the body as one that epitomises the hegemonic ideal becomes all consuming. In Sam Fussell's autobiography, *Muscle*, he gives an account of his attitude as a bodybuilder, and the attitudes of those bodybuilders around him, to steroids:

If the health reports from the field were staggering, they could always be explained away - at least by my fellow gym rats. Studies have found that steroids lead to an increased risk of heart disease, I whispered nervously. Well, yes, but is it the steroids, or all that stuffing of food and sudden weight gain they rebutted. There seems to be a link between steroids and that psychotic emotional condition known as "roid rage," I mentioned, as casually as possible. Well yes, my muscular friends replied, but is it the steroids, or the frame of mind a lifter has to have to lift inhuman quantities of weight? (1991: 128)

Side effects such as acne and rectal bleeding as well as the more serious health issues such as kidney failure and premature death are considered to be a small price to pay for increased muscle mass. While steroids may be considered an extreme example reserved for a minority of hardcore bodybuilders, many regular gym users legally purchase various protein supplements (a growing industry that is lightly regulated) that have potentially dangerous side-effects when taken in large doses for sustained periods of time, all in an effort to achieve a leaner more muscular body that 'appears' healthy and masculine (Cloud, 2000: 63).

Furthermore, by equating the healthy body with hegemonic masculinity, further damage may be done whereby men neglect any illnesses they may have in order to protect an image that they are healthy (Kimmel, 1995; White, 2002a). As poor health afflicts everyone at times over their lives, men's masculinities appear to be particularly vulnerable as poor health directly contradicts hegemonic standards of

masculinity (Petersen & Lupton, 1996; Lupton, 1998; Clarke, 1999; Pease, 2002): “The male body is culturally represented as ideally invulnerable, disciplined, strong, physically able, and machine-like. As a result, illness, disease, ageing, or disability may undermine or destabilise masculinity” (Lupton, 1998: 132).

While some men may be prepared to risk their health to protect their masculinity, other men may opt to negotiate their masculinity to protect their health, or there may be strategies employed to negotiate both in relation to each other (see, for example, White et al., 1995, Tiihonen, 2003). Therefore, while exploring the impact of performing masculinities on men’s health is both legitimate and essential, the question must also be asked: how does health impact on men’s masculinities?

To date, there have been some interesting studies on how men negotiate their masculinity around a physical disability or chronic illness that necessarily excludes them from the hegemonic ideal of the healthy, able-bodied man (Charmaz, 1994; Gerschick & Miller, 1994; Seymour, 1998; Valentine, 1999; McIlvenny, 2003). Where Connell argues that: “the constitution of masculinity through bodily performance means that gender is vulnerable when the performance cannot be sustained – for instance, as a result of physical disability” (1995: 54), these studies empirically validate just how interconnected the body is to gender identity, as well as the malleability of masculinities and the abilities of men to successfully negotiate their identities as men outside of the hegemonic masculine ideal.

Gerschick and Miller's (1994) work on how disabled men negotiate masculinity is particularly worthy of note. Gerschick and Miller found that there were three predominant strategies that disabled men used to negotiate their identities as men: reliance, which involved redoubling efforts to meet the hegemonic masculine ideal in whichever way they could; reformulation, which entailed reformulating what masculinity meant and shaping it to their own abilities; and, rejection, in which men reject notions of masculinity and the importance of masculinity in their own lives. These strategies to negotiate masculinity have since been echoed in other findings (Wienke, 1998; McIlvenny, 2003). Where so much of one's masculinity is invested in the appearance of the body (hard, muscular) and the capacity of the body to perform masculinity (violence, aggression, strength, competency, dexterity), to lose it suddenly through an accident that changes how one uses the body to perform gender forces an immediate and profound crisis of identity for many men in which they must negotiate what masculinity means for them in their everyday lives.

However, there are less subtle health effects that alter men's bodies and place men in positions where they must use strategies to negotiate their health and/or their masculine identities that need to be explored. Furthermore, a serious critique is required of what exactly health means to men in their everyday lives, something that is often lacking in many discussions of men's health issues (Watson, 1998, 2000). What health means is subjective and may be contested, and there are also varying degrees of health and illness, wellbeing and sickness. For the purpose of this research, men's personal understandings and experiences of health will be

incorporated with an interdisciplinary approach of social and medical definitions of health.

Incorporating social and medical definitions of health has opened new ways of understanding health, including definitions of health that incorporate emotional health and wellbeing (Turner, 1992; O'Brien, 1995; Petersen & Waddell, 1998; Grbich, 1999; Watson, 2000; Eckersley, 2001). Whereas "scientific medicine is limited because it is based on a narrow, specialized and technical view of the human body as a machine which responds in a determinate way to the therapies derived from clinical experience and basic research" (Turner, 1992: 139), the current emphasis on health that encompasses an interdisciplinary approach is more holistic and may include the cultural, emotional and spiritual needs of the person (see, for example, MacDonald et al., 2001, on older men's health and wellbeing which focuses on emotions, friendships and spiritual health).

Considering these aspects of health, one may be terminally ill and yet still consider themselves to be healthy being relatively free of pain or physical hindrance and having spiritual and emotional fulfilment in their lives. Men may negotiate their health in ways that are damaging to their physical health as defined by the medical profession and yet may be positive to their overall wellbeing (Watson, 2000; White, 2002a), such as drinking to relieve the stress of work, or smoking to alleviate anxiety. Health, therefore, may be defined as encompassing wellbeing, physiological health and mental health, as well as holistically taking into account such factors as one's social environment and spiritual health.

Health is also an image that is projected by the self and perceived by others as well as idealised and commercialised by the media (Lupton, 1998; Nettleton & Watson, 1998; Watson, 2000). Thus, body image is as important a quandary to be considered as is wellbeing, mental health, and physical health (Turner, 1992; Brown, 1999). The recent upsurge in the commodification of men's bodies and masculinities, and the impact that this has had on men's health and body image, will be dealt with below.

3.2.4. Commodification of men's bodies and masculinities

Aesthetics, particularly those associated with the body, have come to dominate consumer culture (Featherstone, 1991; Seymour, 1998; Williams & Bendelow, 1998). In recent decades, visual media (such as billboards, magazines, television, movies) in combination with the prolific expansion of information technology systems and their ensuing infiltration into everyday lives, have used the body as an indicator of cultural capital and as a means of creating an image that appeals to the mass consumer market as a symbol of 'the good life' (Turner, 1996: 3). The body has been tapped by various industries (e.g., cosmetics, health and fitness, dietary) through media to become a fetishised image that preys on the voyeuristic and narcissistic tendencies that exist within an increasingly hedonistic society obsessed by the body beautiful (Featherstone, 1991; Williams & Bendelow, 1998; Tiggemann, 2002). Consequently, "the regimen of bodies is no longer based on a principle of ascetic restraint, but on hedonistic calculation and the amplification of desire" (Turner, 1996: 234).

To understand why people consume products, particularly products that do not satiate basic human needs, it is necessary to understand the capitalist ethos of increasing profit (White, 2002b: 86). As capital continually seeks out new areas for investment to increase the potential for making profit, new forms of consumption are sought out and exploited. This is known as consumerism. Commodification, in turn, refers to the process by which goods and services, as well as images and products, are given commercial exchange value to create and support forms of consumption (White, 2002b: 86). Commodities are given status and value and promoted in ways that the populace is able to identify with and desiring to consume, not for need, but out of desire, particularly the desire to be a good consumer within a capitalist society (Featherstone, 1991; Petersen & Lupton, 1996; White, 2002b).

Consequently, commodities are acquired as an expression or extension of ourselves, often for the purpose of reinforcing social identities (Barthel, 1992; Bunton & Burrows, 1995; Salisbury & Jackson, 1996; Williams & Bendelow, 1998). This is similar to Bourdieu's (1984) suggestion that the patterns of consumption evidenced in the acquisition of commodities reflects the habitus of individuals and their social identities within different social groups: "If one belongs to a certain group and identifies with that group, then one will make choices in everyday consumption rituals that reflect the habitus of this group" (Bunton & Burrows, 1995: 213). Where the body is valued as capital, commodities targeting the body and images of youth, beauty, health and fitness become important to acquire in terms of status and position within fields.

However, the commodity consumption choices that one has are also influenced by objective structures within fields, such as media and body beautiful industries, that create images around products that offer a (supposedly attainable) fantasy that is superior to one's lived reality: the illusion is powerfully persuasive in influencing the commodities people choose as a reflection of their social identity, and inevitably sets unrealistic standards of normal social life. In this way, the 'ideal' body portrayed by media and body beautiful industries shapes what is considered to be a 'normal' body (Tiggemann, 2002: 91-92). These images have become an unavoidable aspect of social life that impact on the ways that people relate to and feel about their bodies in comparison to the idealised body (Grogan, 1999: 101). The image of the perfect body is portrayed as attainable. This leads to people searching for their own bodily imperfections and purchasing products to overcome these imperfections (Brown, 1999: 271). The inability to attain the 'ideal' body feeds individual insecurities leading to self-criticism, guilt and lowered self-esteem (Grogan, 1999: 100).

The body is also portrayed as being malleable; that is, it can be trained, dieted, or surgically enhanced to meet with an image that reflects the cultural ideals of youth and beauty (Featherstone, 1991; Glassner, 1995b; Grogan, 1999). Shilling describes the plasticity of the body in this sense as an ongoing project: "a project which should be worked at and accomplished as part of an individual's self-identity" (1993: 5). The body is seen as a reflection of the self: thus fatness is equated with laziness, and old age with allowing the body to deteriorate (Featherstone, 1991; Lupton, 1998; Brown, 1999). The management of the body

becomes an important aspect of one's 'virtual identity' in which a preferred version of the self is constructed (Öberg & Tornstam, 1999: 630).

Bodily imperfections are no longer tolerated as being beyond the individual's control; thus, one's bodily appearance is viewed as a project of choice (Featherstone, 1991; Shilling, 1993; Bunton & Burrows, 1995; Seymour, 1998).

Industries associated with body-maintenance compound this concept of the body as a project within one's control by marketing products 'guaranteed' to improve appearance and encouraging people to continually renovate their bodies in an attempt to achieve the 'ideal' body, which is openly associated with a lifestyle of hedonistic leisure and pleasures of the flesh (Featherstone, 1991: 177-178).

To fail to achieve a body that meets with the social 'ideal' is a sign of weakness on the part of the individual and can result in social castigation. As Featherstone emphasises:

Self preservation depends upon the preservation of the body within a culture in which the body is the passport to all that is good in life. Health, youth, beauty, sex, fitness are the positive attributes which body care can achieve and preserve. With appearance being taken as a reflex of the self the penalties of bodily neglect are a lowering of one's acceptability as a person, as well as an indication of laziness, low self-esteem and even moral failure. (1991: 186)

Inversely, a body that personifies an image of health, youth, beauty and fitness is valued, and therefore, desired (Featherstone, 1991: 177).

Commodities geared towards the appearance of the body are designed to project an image of competence, self-control and self discipline (Hansen, 2001: 66). As Williams and Bendelow state:

The firm, well-toned and muscled body has become a symbol of 'correct *attitude*'; it means that one "cares" about oneself and how one appears to others, suggesting willpower, energy, control over infantile impulse, the ability to "make something" of oneself. (original emphasis, 1998: 74)

These are traits that are particularly valued by men as masculine (even narcissism, once considered feminine, can be found in masculine pursuits such as bodybuilding and is a feature of the sensitive masculinity of the 'new man', Johansson, 2003: 100). The appearance of the male body is therefore a part reflection of one's masculinity. Commodities are also overtly directed towards the male body and men's masculinities (Beynon, 2002: 98-121 *passim*). For example, the promotion of Nivea skin products for young, neat, male 'metro-sexuals' that appeals to the narcissistic masculinity of the excessively self-conscious 'new man', and King-Gee work clothes that sexualise working class men's hard-working, muscular bodies as masculine bodies. Through advertising, an image of masculinity, often using male bodies to amplify the image, is able to be sold in association with a product.

Feminists have long argued the female body has been the focus of fetishised objectification within media (Greer, 1970; Bordo, 1999). The exploitation of the female body is not only condescending to a woman's intelligence but also devalues her socially, politically, and economically (Greer, 1970: 58). Despite the advances of feminism, the female body continues to be used as an object that is sexualised for the male gaze and induces unrealistic expectations of bodily

appearance in women. Sarah Grogan (1999: 94-95) notes that since the 1930s, women's bodies within the media have become significantly thinner to the point that they now appear anorexic, which in turn has resulted in women resorting to dangerous dieting and painful plastic surgery in an attempt to conform to the waif thin 'ideal' that has come to be associated with feminine attractiveness.

Today, however, men's bodies receive almost as much attention as female bodies (Grogan, 1999; Reichart et al., 1999; Gill, 2002; Olivardia, 2002): "Where once images of women's bodies dominated the visual landscape, today the bodies on display in advertisements and magazines are as likely to be male as female" (Gill, 2002: 12). With the advent of feminism and challenges to sexual attitudes that have assisted women to make inroads in reclaiming their sexuality, women are now more openly expressing themselves as sexual beings and as a consequence have established a female gaze that objectifies the male body as flesh to be sexually displayed and surveyed (Bordo, 1999; Coward, 1999; Goddard, 2000; Gill, 2002). Feminists such as Susan Bordo (1999: 168-225) openly celebrate the exploitation of the male body used by the media as a sexualised object to be gazed at, suggesting that it is liberating and empowering for women and gay men. The reality, however, as Lawson reports, is that:

The drive for equality has led to a levelling-down. Where once we had one sex defined by a cruel judgmental eye, we now have two. Where once we had one sex given to such anxiety about appearance and the self that young girls were anorexic and grown women reduced to commodities, we now have men suffering similarly. (*The Age*, 20th May 2000)

In an environment where men's bodies are displayed as objects to be gazed at, and where men's bodies are valued as objects for consumption, men are becoming

increasingly aware of how they look and the value of the male body as a commodity (Grogan, 1999: 77-78).

Furthermore, the appearance of the body is used by media to define masculinities (Parker, 1996; Mosse, 1996; Bordo, 1999). As Parker contends: "Emanating from film, television, videos, books, and magazines, notions of muscularity, strength and power emerge, wrapped up with generous helpings of fearless domination, to produce images of the ideal man" (1996: 131). Thus, when men assess their own bodies and those of other men, they are also assessing images of masculinities. The quest for the ideal male body that some men engage in is also, in part, a quest for a particular masculine identity.

With the increasing visibility of the male body within media over the last two decades displaying the idealised body as young, lean, and muscularly toned, so too have social attitudes towards the male body altered to accommodate this 'ideal', thus pressuring men to conform to the trim and taut mesomorphic body 'ideal' (Grogan, 1999; Tiggemann, 2002). In turn, the pressure to have a male body that is socially valued and that reflects symbolic codes of success, happiness, masculinity and health, can often lead to poor health for men in the form of poor self-esteem and depression that has the potential to manifest itself in body dysmorphia, eating disorders, and obsessive behaviours such as compulsive exercising (Grogan, 1999; Pope et al., 2000; Corson & Anderson, 2002; Olivardia, 2002).

3.2.5. Men's health and body image

While issues concerning the exploitation and the objectification of women's bodies and the relationship incurred between media 'ideals' and unrealistic expectations of body image have been periodically reported within academic literature and media, by comparison, very little is known about male body image or how men feel about their bodies (Spitzer et al., 1999; Dittmar et al., 2000). With the increased exposure of the objectified male body within the media, however, the range of empirical studies concerning men's bodies and body image has grown, and there is an increasing number of books and journal articles related to such issues (Salisbury & Jackson, 1996; Wienke, 1998; Grogan, 1999; Lynch & Zellner, 1999; Spitzer et al., 1999; Demarest & Allen, 2000; Dittmar et al., 2000; Pope et al., 2000; Wheaton, 2000; Watson, 2000; Hoyt & Kogan, 2001; Martino & Pallotta-Chiarolli, 2001; Johansson, 2003).

One of the more notable findings from the various studies has been the reported increase in men's body dissatisfaction and lowered self-esteem associated with body image (Grogan, 1999; Spitzer et al., 1999). Although body dissatisfaction is still considered to be largely a problem affecting women, the visibility of the 'ideal' male body in media has ensured that the incidence of body dissatisfaction is rapidly increasing for men (Grogan, 1999; Spitzer et al., 1999). In her book entitled *Body Image*, Sarah Grogan (1999: 63) notes that there are obvious parallels developing between men and women concerning body image and dissatisfaction where the cultural 'ideal' body type is associated with confidence and control. Based on a series of interviews with men from different backgrounds, Grogan (1999: 64-67) found that young men were particularly

affected by body image in relation to self-esteem, and that growing numbers of men were becoming consciously concerned with their appearance in comparison to the cultural 'ideal'. Lynch and Zellner (1999) found similar results in their study of male body image between two generations of men. They found that adult men (aged over 30) were largely satisfied with their bodies, while college men were generally dissatisfied and wanted to be larger in terms of muscle mass.

Klein (1993) and Johansson (2003) also note the obsessive nature in which male bodybuilders strive to ascertain control over their bodies which they use as a vessel to outwardly display their masculinity. Rather than achieving security through hypermasculinity, however, Klein notes that it is more of a reflection of gender insecurity:

The tragic irony is that for all the elements of hypermasculinity the bodybuilder has gathered around himself, he is still left with the gnawing, unclear sense of being no closer to a genuine understanding of his place in society or what it is to be a man. (1993: 36)

Those subcultures that challenge hegemonic masculinity and the value of male physical capital in the gym, such as female and gay bodybuilders, are often met with aggressive forms of misogyny and homophobia (Klein, 1993; Johansson, 2003).

Media have also been examined within various studies concerning male body image, particularly in relation to the negative effect that they have upon men in making them consciously insecure with their own bodies in comparison to the displayed 'ideal' (Grogan, 1999; Spitzer et al., 1999). For example, in a series of interviews concerning steroid use amongst male bodybuilders, Grogan found that

all the men that were interviewed cited pressures from images of taut, muscular male bodies as being influential in their decision to take steroids (Grogan, 1999: 74). Likewise, Pope et al. (2000) and Glassner (1995a) found that the participants in their studies were often privately embarrassed by their bodily appearance in comparison to the 'supermale images' that surrounded them in media, and that the discrepancy in size between their own bodies and the cultural ideal led to feelings of insecurity, shame, low self-esteem, and depression. Despite regular work-outs and having achieved large, muscular bodies that matched the cultural ideal, the men interviewed by Pope et al. (2000) felt as if they were never big enough and could never measure up to the standards imposed by media. As these images were linked to success and healthy self-esteem, the failure to meet the 'ideal' resulted in feelings of inadequacy and failure.

Spitzer et al. (1999) also note that the 'ideal' images displayed by media are becoming leaner and more muscular and as such are becoming more unrealistic in terms of attainability to the average male. They found that while both *Playgirl* models and the average North American male (aged 18 to 24) had gained weight over the past 40 years, *Playgirl* models had increased in lean muscle mass while the average North American male had gained weight in excess fat (Spitzer et al., 1999: 561). Spitzer et al. conclude that:

[T]he body composition of North American men and *Playgirl* models is becoming increasingly different over time, and that the growing discrepancy between the ideal and average male lies behind the high prevalence of body dissatisfaction reported by men ... [T]hese narrowly defined ideals are difficult to attain, restrictive, and potentially harmful for ... men. (1999: 561)

Just as media representation of the 'ideal' male body is well toned and muscular with very little body fat, various studies have also found that this is the overwhelmingly preferred body type amongst men (Salisbury & Jackson, 1996; Wienke, 1998; Grogan, 1999; Lynch & Zellner, 1999; Spitzer et al., 1999; Martino & Pallotta-Chiarolli, 2001). Overweight men continually choose an ideal body type with less fat, while underweight men desire to gain lean muscle mass; thus whether men have an ectomorphic (i.e., thin) or endomorphic (i.e., fat) body shape, the preference is for a body shape that is mesomorphic (i.e., muscular) (Lynch & Zellner, 1999: 834). This preference for a mesomorphic body type by the vast majority of men extends across the broad spectrum of society cutting across differences in intellectual ability, educational level, race, and class (Spitzer et al., 1999: 547).

Male respondents also linked positive personality traits (such as brave, happy, and helpful) with the mesomorphic body type and cited this ideal as the most masculine, associating the toned, muscular male body with stereotypical masculine traits such as strength and aggression (Grogan, 1999: 58-59). At the other end of the scale, ectomorphic males were regarded as being sneaky, quiet, nervous, weak, afraid, and generally less masculine, while endomorphic males were described as sloppy, dirty, lazy, ugly, and less intelligent (Wienke, 1998: 259).

Rather than trying to redefine masculinity to accommodate a greater range of body types, some men try to reconstruct their bodies in an attempt to achieve the culturally defined 'ideal' body type that reflects the restrictive definitions of

hegemonic masculinity. Other men negotiate their masculinity to accommodate their body shape and size. Indeed, drawing on the work of Gerschick and Miller, Wienke (1998) found that young men he interviewed tended to use similar strategies (reformulation, reliance, and rejection) to negotiate masculinities in response to their body image and bodily standards of hegemonic masculinity that physically disabled men did in Gerschick and Miller's study.

Although male body image is a relatively new field of investigation that still requires a great deal of depth in its research, the studies thus far indicate that men are becoming increasingly self-conscious of their bodily appearance, and that this in turn is impacting upon their self-esteem and self-worth. The increase in male body dissatisfaction also correlates with the rise in the objectification of the male body in media and the commodification of men's bodies and masculinities, suggesting that men are being pressured to measure up to the 'ideal' imposed by media. As the 'ideal' lean, muscular body type has come to represent the male body norm to which other men assess themselves, it has also become, in part, definitive of masculinity itself (Glassner, 1995a: 252-253). Thus the existing research suggests that not only are men becoming increasingly dissatisfied with their bodies compared to the cultural 'ideal' defined by media, they are also becoming increasingly insecure concerning their own social identities as men.

What has been neglected so far, however, is how men feel about their bodies as they get older and how this in turn impacts on their health and masculinities. To date, most research in men's health and masculinities has focused on younger, rather than older, men (Cameron & Bernardes, 1998: 675). Likewise, the vast

majority of studies that consider men's bodies tend to focus on those men aged between 18 and 25 (Grogan, 1999: 127). However, as ageing necessarily involves changes to the body and body shape, middle-aged and older men need to be considered as well. As Edward Thompson Jr. reflects on the absence of older men in empirical and theoretical studies:

Age distinctions in how adult men embrace manhood, generational differences in masculinity, attention to gender presentations when similarly aged men engage in a common sphere of activity, and the meaning of being a man in the Third Age are largely outside what is understood and need to be brought in theoretically and placed on research agendas. (1994: 18)

The next section will therefore specifically look at older men's issues, especially those concerned with older men's bodies, health and masculinities.

3.3. Understanding men's health and ageing

Like many Western countries with declining rates of fertility, and improvements in health technologies resulting in increased longevity, Australia can expect an increase in the proportion of the population aged 65 years and over in the coming decades (Knapman, 1999; Jackson, 2001; AIHW, 2002). The projected shift in the ageing population (see Table 3.1 below) suggests unprecedented changes with the potential to affect multiple facets of social, political and economic life (Higgs, 1997; Strazzari, 1998; Phillipson, 1998; Jackson, 2001; AIHW, 2002; Biggs, 2002). Thus, social gerontology, or how people experience ageing, will become increasingly important in terms of understanding what it means to be aged in contemporary society and transposing that research into social policy and

programs that best meets the needs of an ageing population (Cockerham, 1991; Strazzari, 1998; Knapman, 1999; Bury & Wadsworth, 2003).

Table 3.1: Demographic trends, population aged 65 years and over

	Age group			
Sex	65-74	75-84	85+	Total 65+
1991 (population '000)				
Males	548.6	243.4	44.2	836.3
Females	633.5	370.9	110.0	1,114.5
2001 (population '000)				
Males	639.1	355.6	81.9	1,076.7
Females	681.7	493.8	183.3	1,358.9
Increase 1991 to 2001 (%)				
Males	16.5	46.1	85.3	28.7
Females	7.6	33.1	66.6	21.9
2021 (population '000) ^(a)				
Males	1,213.2	661.2	246.9	2,121.3
Females	1,281.9	748.2	390.2	2,420.3
Increase 2001 to 2021 (%)				
Males	89.8	85.9	201.5	97.0
Females	88.0	51.5	112.9	78.1

(a) The Australian Bureau of Statistics (ABS) Series 8 population projection includes fertility declining until 2011 then stabilising at 1.6, recent trends in declining mortality to continue, and continuing relatively high overseas immigration.

Source: AIHW, 2004

Ageing is an unavoidable part of life (despite the claims of cosmetic companies that their products fight against and prevent ageing) and therefore needs to be considered within men's studies. As one goes through the cycle of life from birth through to maturation and ultimately to death the body inevitably undergoes change. The changes to men's bodies invariably affect men's social identities and men's masculinities. For example, where younger men's bodies are epitomised as the hegemonic ideal, older men must negotiate what masculinity means in terms of bodily manifestations of masculinities. They may choose to alter their bodies

through cosmetic surgery to align with the youthful, muscular ideal, or they may reformulate what masculinity means, or else reject it outright as having significance in their lives.

Table 3.2: Leading underlying causes of male deaths by age group, 2002

Age group	Cause of death	% (a)	deaths
Infants (>1)	Conditions emerging from the perinatal period	50.9	
	Congenital anomalies	20.9	
	Sudden death	10.6	
	Nervous system diseases	2.6	
1-14	Injury and poisoning	40.4	
	Cancer	17.1	
	Nervous system diseases	9.4	
	Congenital anomalies	7.2	
15-24	Injury and poisoning	75.8	
	Cancer	7.0	
	Nervous system diseases	4.9	
	Cardiovascular disease	3.4	
25-44	Injury and poisoning	52.4	
	Cancer	14.0	
	Cardiovascular disease	13.5	
	Digestive disorders	3.7	
45-64	Cancer	40.8	
	Cardiovascular disease	28.6	
	Injury and poisoning	9.7	
	Digestive disorders	5.0	
65-84	Cardiovascular disease	36.1	
	Cancer	35.4	
	Respiratory system diseases	10.1	
	Endocrine	3.7	
85+	Cardiovascular disease	44.8	
	Cancer	17.1	
	Respiratory system diseases	12.0	
	Genitourinary diseases	3.5	

(a) Per cent of deaths within each age group

Source: AIHW, 2004

Men at different ages also experience their bodies and their health in different ways. Younger men tend to have better strength and hand-eye co-ordination than older men who may no longer possess the same reflexes and dexterity as they once did (Benson, 1997: 38-39). Health concerns also change over the course of men's lives (see Table 3.2 above) (Sheehy, 1998; Arber & Cooper, 2000; Taylor et al., 2003). Younger men tend to be more susceptible to sports injuries while their immune system is strong and they are consequently better able to fight off disease and infection. For older men, recovery from illness is slower and they are more susceptible to diseases that are the consequence of a lifetime of social habits, such as lung cancer from smoking, and heart disease from a diet high in saturated fats and cholesterol (Cockerham, 1991; Arber & Cooper, 2000; Bury & Wadsworth, 2003).

This section will begin by looking at the effects of ageing on men in terms of their bodies and health before moving on to explore social ageing and what ageing means to men over the life course.

3.3.1. Men and ageing

Debate surrounds what causes ageing. In Western societies, biomedical models of ageing associated with degeneration and decline tend to dominate discussions on the causality of ageing (Phillipson, 1998; Hepworth, 2003). Two of the more popular biomedical theories include: that people are genetically programmed to age and that deoxyribonucleic acid (DNA) determines when people age and die;

and that time results in 'wear and tear' on the body that causes it to break down and age (Cockerham, 1991: 4-5). Whatever the cause, the results are the same. Barring premature death from injury or infection, people go through an ageing process gradually moving from conception and birth through to infancy, childhood, adolescence, adulthood, and eventually old age and death (though these phases are culturally imbued and do not occur at the same rate for everyone, Featherstone & Hepworth, 1991; Strazzari, 1998; Biggs, 2002).

For men, physical signs of advanced age include greying and thinning of hair, with baldness common. The skin becomes dryer and less elastic as one ages, resulting in wrinkles. The output of hormones diminishes causing muscles to shrink and fat cells to build up (particularly around the abdomen), and a lowering of erectile function both in terms of frequency and duration. Sensory systems such as sight and hearing fade, physical dexterity declines, joints and tendons stiffen and swell, and organs such as the brain, heart and kidneys shrink from loss of cells and function at reduced levels of effectiveness. The immune system becomes weaker making the body prone to infections such as pneumonia and degenerative diseases such as ischaemic heart disease, cancer and diabetes. The bones also become more brittle as they decalcify with age and the musculoskeletal system becomes more susceptible to serious injuries such as fractures and breaks (Cockerham, 1991; Benson, 1997; Wilson, 2000; Whitbourne & Skultety, 2002). These progressive and often irreversible physical changes associated with ageing (commonly referred to as primary ageing) are both inevitable and universal (though unique in terms of how they are individually lived out and experienced) (Schiavi, 1999: 4).

Yet age and ageing are more than biological processes that one goes through over the course of one's life. The physical changes to the body and health that are rooted in biology are important markers of age and ageing; however, there are external social influences that affect health and ageing (Marmot, 1999, 2004). For example, lifestyle practices such as smoking, diet, exercise, working and sleep patterns, drug use and alcohol consumption can all have a bearing on long term health and ageing (Bates & Linder-Pelz, 1990; Cockerham, 1991; George & Davis, 1998; Schiavi, 1999; Wilson, 2000; Taylor et al., 2003). In turn, these lifestyle practices may be influenced by one's socioeconomic status, gender and ethnicity (Russell & Schofield, 1986; Blane, 1999; Jarvis & Wardle, 1999). Such lifestyle practices can accelerate the deterioration of bodily organs and impair their ability to function properly and have the potential to lead to increased morbidity and premature death. In turn, lifestyle practices are affected by broader social structures such as class and education (Cockerham, 1991; Benson, 1997; Arber & Cooper, 2000; Wilson, 2000). Therefore, in developing a full account of health and ageing, both biological and social influences need to be considered (Bury & Wadsworth, 2003: 114-116).

It should be noted here that while rates of morbidity and mortality increase with age when considering whole of population statistics, poor health is not necessarily a normal part of ageing (Hepworth, 1995; Cunningham-Burley & Backett-Milburn, 1998; Knapman, 1999; Palmore, 1999; Wilson, 2000). As Knapman contends:

The majority of older people are physically and mentally healthy and functionally independent. A benchmark survey of older people living at home in Australia in 1981 found that more than one-fifth of older people rated their health as excellent, and over 45% rated it as good. Just under 5% rated their health as poor. (1999: 121)

Although epidemiological patterns show that ageing is associated with increased incidence and prevalence of chronic illness, degenerative disease and death, the statistics are not particularly helpful in terms of identifying how individuals experience health and ageing.

The statistics also help to perpetuate ageist attitudes that ageing is not a pleasant experience and is consumed by episodes of poor health (Palmore, 1999: 51), and that older people are frail, weak and dependent. This is not necessarily how the majority of older people experience old age (Cockerham, 1991; George & Davis, 1998; Knapman, 1999). For example, in the 2001 Australian National Health Survey, more than 75 per cent of men surveyed aged 85 and over rated their health as being either good, very good or excellent (see Table 3.3 below).

Table 3.3: Self assessed health status, persons aged 65 years and over in private households, 2001

Self assessed health status	Males			Females		
	65-74	75-84	85+	65-74	75-84	85+
Excellent	11.0	8.5	6.5	13.4	7.6	6.5
Very good	21.4	18.6	16.0	22.6	21.7	24.7
Good	36.3	33.4	49.7	35.6	31.6	28.5
Fair	19.7	29.0	23.3	20.7	26.9	22.7
Poor	11.7	10.4	4.4	7.7	12.2	17.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: AIHW, 2004

Age needs to be considered as a concept that is individually experienced and has the capacity to change as one grows older (Schiavi, 1999: 3). Thus, a sociological focus on ageing is an important component in understanding the ageing process.

As Cockerham states:

A social science focus on aging is important because it allows for a more complete understanding of what it means to be old in society; it is not limited by explanations that are strictly biological, biochemical, or psychological. ... [T]here is a plasticity to aging in which social processes interact with biological and psychological processes to influence the ways in which people change from childhood through adulthood and old age. ... It is not that biology and psychology are unimportant. Quite the contrary; aging is fundamentally a biological process with significant psychological implications for the individual. However, aging is also experienced socially, and to a large extent what it *means* to be [sic] aged in society is a sociological phenomenon. (original emphasis, 1991: 2)

This will be dealt with in more detail in the next section, looking specifically at the self and ageing and how ageing is interpreted, understood and negotiated by men over the life course.

3.3.2. Social ageing and identity

Age is more complex than merely the sum total of years one has been alive. Yet in Australia, generally speaking, age 65 for men and 60 for women are seen as the ages at which a person is 'officially' old (Knapman, 1999: 122). They are the ages at which most people are expected to retire from the workforce, and the age at which they become eligible for a range of social security services such as the aged pension. Social organisation of this type based on chronological age is important for setting markers for specific life events (voting, getting one's driver's licence, retirement) and lends predictability to typical sequences over the

life course (Cockerham, 1991: 10). Yet people may age differently and go through phases and transitions in different ways (Featherstone & Hepworth, 1991; Hareven, 1995; Sheehy, 1998; Strazzari, 1998; Knapman, 1999; Palmore, 1999; Schiavi, 1999). As Strazzari remarks:

The process of becoming old is not tied to a specific time in a person's life. Ageing is a gradual process that is almost imperceptible. Biological changes are indicators of ageing, but they do not occur at the same rate in all people. Some individuals retain their health and vigour much longer than do others. Subjectively, people have very different views of when old age begins. (1998: 193)

Thus, some people may view retirement as the end of their productive lives and the beginning of their old age in which they begin to wind down and disengage from society, while for others, retirement may be a time of renewal in which energy and enthusiasm for newfound opportunities and change may make them feel far from old (Pease, 2002: 135).

Moreover, pigeon-holing people into categories based on chronological age may be restrictive in terms of understanding older people (Moore, 1998; Knapman, 1999; Palmore, 1999). People aged 65 and over are not a homogenous group. They are as diverse as any social group, coming from a range of backgrounds and life experiences and with differing attitudes and expectations of their lives. As a cohort, those aged 65 and over also span several generations and those generations may experience generation gaps thus further diversifying them. Indeed, it is becoming increasingly popular to further subdivide older age into three distinct phases referring to those aged 65 to 74 as the young-old, those aged 75 to 84 as the middle-old and those aged 85 and over as the older-old (Knapman, 1999; Palmore, 1999; Schiavi, 1999).

Ageing is also about how one feels; that is, a person may be 65 years old but feel younger than their age in comparison to their peers of a similar age. Age is also relative in the sense that “one is always somebody’s senior or junior” (Bourdieu, 1993: 95). Moreover, personal and social expectations about how a person should look and behave at a certain age may affect how they feel about their age. For example, social expectations of older people are that their libidinal desires wane with age (Gibson, 1992: 1). Therefore, if an older person continues to engage in sexual activity, they may feel themselves to be younger than their age suggests as personal and social expectations tend to equate old with being asexual, and lasciviousness with youth.

Popular opinion maintains that old age is a period of unhappiness and decline (Cockerham, 1991; Seedsman, 1994). Such negative connotations surrounding older age (e.g., weakness, frailty, poor health, slowing down, dependency) may also mean that people are reluctant to admit to feeling old or that chronological age necessarily means one has become old (Palmore, 1999; Knapman, 1999). It is no surprise that the baby boomer generation (those born between 1946 and 1964) vocally proclaim that ‘50 is the new 40’ (Sheehy, 1998: 10-12) as they try to distance themselves from the inevitability of growing old and the anxieties associated with ageing based on ageist stereotypes. Shilling (1993: 140) also notes that defining age in this way is a mechanism for controlling the value of physical capital within fields:

To allow middle-age, for example, to be redefined as middle youth from one perspective is to suggest an appropriation of youthfulness, a desired quality, from the young. ... At the same time, they [the middle-aged]

distance themselves from the old-old, who possess few resources in the game to combat institutionalisation and the repelling properties of deep old age. (Featherstone cited in Shilling, 1993: 140)

Looking old is devalued as ugly and decrepit while looking young is seen as attractive and healthy. As Cockerham states:

Aging is most apparent in one's appearance. The skin becomes dryer, wrinkles, and begins to sag; hair thins or falls out; and excess weight, beginning especially in middle age, may appear. All of these conditions go against prevailing standards of attractiveness in Western society, where pleasing, youthful looks and a physically fit body are the norm for beauty, and beauty, in turn, is a form of status. (1991: 111)

Consequently, some people entering into middle-age and older ages are prone to go to great lengths to project an image of a more youthful self that is fit and healthy with fewer wrinkles and thicker hair (Palmore, 1999; Evans, 2002). The ability to be able to reverse or slow the ageing process through cosmetic surgery or make-up means that ageing has become the individual's responsibility and that ageing is a choice one makes (Biggs, 1999: 47). To appear old is an outward display of one's failure to control the ageing process.

Mass media and advertising have contributed to the belief that ageing is somehow unnatural and capable of being controlled by the individual (Featherstone, 1991; Knapman, 1999; Evans, 2002). Where youth is valued and depicted as the norm by media, ageing is seen to be deviant, and the aged body is portrayed as a model of imperfection (Brown, 1999: 272). Young adults and youthful bodies are more prominently displayed within popular media while older people are virtually absent (Lupton, 1998: 129).

When older people are depicted in media, they are often displayed as infirm, inflexible, argumentative, unproductive, incompetent, asexual and/or senile (Davis & Davis, 1985; Hearn, 1995; Lupton, 1998; Strazzari, 1998; Grogan, 1999; Knapman, 1999). Older men, in particular, are further stereotyped as being grumpy and churlish: think of Steptoe senior in the 1970s situation comedy *Steptoe and Son*, or Raymond's father, Frank Berone, in the television show *Everybody Loves Raymond*. Their aggression is comic rather than threatening and impotent of any real power or potential. Consequently, media have the ability to impart an image of ageing that defines how others come to view older men and the ageing process.

Age and ageing are also subjective in the sense that they are personally experienced, negotiated and perceived by the self (Cockerham, 1991: 106-129 passim). One may have a very different view of oneself as an older person compared to how others may perceive them based on their aged physical appearance. While a person may appear old (sallow skin, wrinkles, thin hair) and consequently treated as old and infirm (physically and mentally) by others, they themselves may feel as if their bodily appearance betrays their own self-image as one which is youthful and vibrant (Cockerham, 1991; Featherstone & Hepworth, 1991; Bytheway & Johnson, 1998; Lupton, 1998; Biggs, 1999; Öberg & Tornstam, 1999; Clarke, 2001). Featherstone and Hepworth refer to this as the 'mask of ageing': "a mask which conceals the essential identity of the person beneath" (1991: 379). Referring to previous studies, Featherstone and Hepworth find that the idea of a perennially youthful self that holds to an ageless identity trapped within the shell of an old person is a common perception amongst older

people. The self and the physical body become separated over time as the outside grows older while one's inner self remains ageless (Featherstone & Hepworth, 1991: 381).

Yet, although as Phillipson remarks "asking questions about the status of selfhood is fundamental to any understanding of the issues facing older people" (1998: 52), very few empirical studies have considered the self in older age in relation to changing bodies and body image. Concerning older men and body image, the evidence to date is inconclusive as to whether men become more dissatisfied with their appearance as they age (Grogan, 1999; Whitbourne & Skultety, 2002). For example, while Öberg and Tornstam (1999) found in their study that men's body satisfaction remained fairly static over the life course and did not decrease significantly with age, Spitzer et al. (1999: 131) note that Rozin and Fallon's study on older men's and women's body image found that men became more dissatisfied with their bodies as they got older as their bodies became less like the cultural, youthful ideal.

Additionally, Whitbourne & Skultety (2002) remark that the next generation of old aged people need to be considered in relation to the ageing body and body image as well. They suggest that middle-aged men and women are currently struggling to come to terms with ageing in a society that values youth and physical perfection, and hypothesise that this generation may find it particularly difficult to make the transition into older age (Whitbourne & Skultety, 2002: 88).

Older men's body image is an area neglected both in gerontology and in men's studies and one which requires considerable investigation taking into account the importance of the ageing body and identity (Öberg & Tornstam, 1999; Whitbourne & Skultety, 2002). The next section will focus on older men's ageing bodies and the effect this has on men's masculinities.

3.3.3. Negotiating health, ageing and masculinity

As mentioned above, the body, both in terms of its appearance and how it is used to perform gender, is important in defining masculinity. Hegemonic definitions of masculinity centre on a male body that is athletic, muscular, lean, smooth and youthful. It is a body that is active and powerful, capable of exerting great force and the potential to exercise violence when required, and able to be pushed to limits of endurance with seeming indestructibility.

Yet this is not describing an older man's body. Older men's bodies are generally weaker, more wrinkled with coarse body hair, and more susceptible to injury and illness than younger men's bodies. Older men's bodies do not exemplify hegemonic masculinity as defined within the boundaries of the cultural ideal. So what happens to men's masculinities as they age and their bodies inevitably shift further from the masculine ideal exemplified by the youthful male body? This is a question that requires serious attention: "For if masculinity is about occupation, vigour, activity, mastery and overcoming space, then ageing is the inevitable process that puts under question such dominant representations of maleness" (Whitehead, 2002: 200).

Despite the parallels between the male body and masculinities that have been critically examined within men's studies, little is known about how middle-aged and older men experience ageing or negotiate masculinity as a consequence of their bodies changing with age (Hearn, 1995; Whitehead, 2002). Indeed, the findings to date are ambiguous and multi-varied at best. For example, Clarke (1999) and Cameron and Bernardes (1998) both found in their studies into older men and prostate cancer that men are often particularly fearful of challenges to their personal masculinity, particularly where their sexuality or sexual functioning are involved, and that they are often prepared to risk their health and even their lives to protect their masculinities. Charmaz (1994) on the other hand finds that middle-aged and older men are also capable of developing strategies to negotiate their identities in light of changes to their bodies as a result of chronic illness that allow them to successfully cope with bodily transitions and challenges to their masculinities.

In relation to middle-aged and older men's masculinities, this study will be an exploratory one. A range of factors will need to be considered. To begin with, simply because the body changes with age and shifts from the hegemonic ideal of the youthful male body does not necessarily mean that older men's masculinities are excluded from hegemony. Indeed, one does not have to trawl too far through the pages of history to dwell on a time when older age for men was equated with status, wisdom and power. As Hearn writes:

Age, that is increasing and greater age, has been a major source of power for men in this and many other societies. ... '[M]aleness' and 'age(dness)' were usually mutually reinforcing and reaffirming as means to power. The age of men is often related to both the generalized power of men, and men's power over descendents and dependants. (1995: 100)

Certainly, the body as physical capital is valued highly in the field of masculinity. But other forms of capital are also prized and valued in the field of masculinity, and particularly so within various subfields. For example, the portly older man who works in the corporate sector in a position of seniority will still enjoy the privilege of hegemonic masculine status, despite a body that does not reflect the cultural hegemonic masculine ideal. He may have economic, cultural and social capital that negates the decline in his physical capital.

Furthermore, factors such as class and ethnicity may influence how men negotiate masculinity over the life course (Whitehead, 2002: 200-202). For example, working class men may come to rely more heavily on their physicality for status within their chosen field of employment than middle class or upper class men who may continue to rely on other forms of capital (such as economic and social capital). Consequently, a decline in strength and physical competence may signal a loss in value of the only capital they may have in the field of masculinity (Shilling, 1993). As Featherstone and Hepworth note in commenting on Bourdieu's theories on capital and ageing:

While ... ageing involves an accumulation of capital (economic, cultural, social and symbolic), and a shedding of all types of capital as one moves towards old age, the differential possession of different amounts of capital in old age will allow varying classes to manage the loss of status in different ways. (1991: 386)

However, as Williams and Bendelow note while reflecting on Bourdieu's analysis of consumption and self-identity and the ageing body, the working class may more readily accept their fate of bodily decline due to their inability to afford the

technology to fight ageing, whereas the middle classes may be more susceptible to anxieties over ageing believing that ageing is negotiable:

It can be argued that whilst the working classes may more readily come to accept the inevitability of bodily decline, it is in fact the new middle classes who tend to be most anxious about the ageing process, engaging in a variety of body-maintenance techniques to combat the 'natural' ravages of time. In contrast, the upper classes tend to have acquired orientations and dispositions towards their bodies, through the habitus and bodily hexis, which can overlay and disguise many of the negative effects of ageing – choosing instead to 'wear' their age unselfconsciously as a mark of social distinction rather than decline. (1998: 79)

Moreover, generational factors need to be considered to observe how negotiating masculinity evolves:

The cultural factors influencing generational experience are, of course, variable: the post-war 'baby-boomers', for example, will take into old age quite different values and resources from those who preceded them and those who follow. (Featherstone & Hepworth, 1991: 387)

The inevitability of the ageing process and the toll on the body were possibly accepted by past generations as an unavoidable fact of life beyond the individual's control, regardless of class, a concept that older men today perhaps find a little bit harder to accept due to advances in technology that are becoming increasingly accessible to a broader cross-section of the older aged community (e.g., knee and hip replacements allowing people to remain independent and mobile into older age; Viagra allowing men to maintain their sexual functioning) (Marshall & Katz, 2002; Whitehead, 2002).

Health in older age, and how this comes to impact upon men's masculinities, is another aspect of older men's lives critical to men's studies, and which again has

received scant attention. Yet as Jackson recounts in his own experiences with ageing and health, the impact this has on one's masculinity is often profound:

Physical breakdown is a terrifying experience for many men because it connects the masculine body with weakness, dependency and passivity – all the supposedly 'feminine' qualities they have spent a lifetime defining and defending themselves against. Often for the first time in some men's lives it opens up fearful cracks in the 'hard case' front of heterosexual masculinity. Breakdown, illness and injury can also be a strategy for renegotiating dominant, heterosexual, masculine identities that have become imprisoning for some men, like me, who never felt completely at home within those kinds of conventional investments. (1990: 68)

Just how older men negotiate life changing health effects that directly impinge on their masculine identities also needs to be critically explored.

3.4. Conclusion

The importance of the body to men's masculinities cannot be overstated. The male body, in many ways, has come to tangibly represent masculinity (particularly hegemonic masculinity): the appearance of the hard, muscular male body is equated with power and strength; the actions of the male body (such as overt physical violence) suggest mastery and control over one's environment. Yet not all men have bodies that meet this narrow ideal. Male bodies come in a variety of shapes and sizes and grow and change over the life course. How men come to understand what masculinity means for them in the context of their own lives is poorly understood.

Health is also important to men's masculinities, as each invariably impacts on the other at points in men's lives. Much of the focus to date has been on how

performing masculinities is damaging to men's health, with little attention given to how masculinities may promote good health or the ways in which health affects men's masculinities. This thesis will therefore investigate these gaps in men's health research and explore how men negotiate masculinities and health, where each impinges on the other. The thesis will explore how health and masculinities are strategically used by men in their everyday lives to successfully traverse fields, particularly in fields where the body is valued capital. Furthermore, where the youthful, lean, muscular male body is valued as capital in the field of masculinity, body image and self-esteem also need to be considered in relation to men's health and wellbeing.

Age and ageing are also important to consider in relation to men's health and masculinities. Where youth is associated with good health and having a lean, toned body that epitomises the masculine ideal, changes associated with ageing may reshape how men come to understand what masculinities mean for them. Yet how men cope with changes to their bodies and their health as they move from youth into middle age, and on into older age, have been poorly researched to date. This thesis will therefore deal with how men cope with changes to their bodies and their health as they age, and the strategies they use to negotiate masculinities.

To date, little empirical research has been conducted exploring the relationships between men's health, ageing and masculinities. Indeed, one of the central weaknesses of men's health studies to date has been the failure to listen to men: "It is clear that current debate around men's health, and perhaps men's place in

society, is crippled by the lack of attention paid to personal accounts and perceptions of maleness” (Watson, 2000: 4). In drawing parallels with Nettleton and Watson’s assessment of the sociology of the body, I would contend that the sociological study of men’s health, ageing and masculinities currently suffers from theoreticism, “a condition which implies that attention is limited to theory, which in turn is not grounded in the empirical domain” (Nettleton & Watson, 1999: 2).

Thus, to overcome the impasse of theoreticism, there is a genuine need to gain empirical qualitative data on how men come to negotiate health, ageing and masculinities over the course of their lives. The next chapter describes the methodology involved and the methods employed in gathering and analysing the qualitative data used in this research project to explore men’s lived experiences of health, ageing and masculinities.

CHAPTER FOUR

Engaging Men

4.1. Introduction

While studies have been conducted identifying how young men perceive their changing bodies and their health in relation to their identities as men (Wienke, 1998; Nettleton & Watson, 1998; Grogan, 1999), little has been done empirically or theoretically with respect to generational differences and changes associated with ageing and health concerning men and masculinities. A qualitative empirical investigation exploring issues pertaining to how different generations of men perceive changes associated with health and ageing over the life course and how they negotiate these changes in the context of their everyday lives will complement current discourses associated with the study of men and masculinities. Rather than being confined to meta-theories, this research will give resonance to the experiences of men, and the meanings they attach to changes associated with health and ageing over the spectrum of their lives.

This chapter explores the methods and methodology used to collect and analyse the empirical data for this thesis. It provides an in-depth account as to the procedures involved in selecting the sample, the structuring of the interview schedule and the various nuances of interviewing techniques, and the coding stages involved throughout data analysis. The chapter finishes with a focus on the

central theme uncovered as a result of the empirical investigation, and an outline of the strategies men use to negotiate masculinity, health, and ageing.

4.2. Research methodology

For the purpose of investigating meaning and understanding into the lives of men a qualitative approach was employed. This involved the use of grounded theory as established by Glaser and Strauss (1967) and included tangential theoretical models emanating from grounded theory traditions (Charmaz, 1990, 1991, 1994; Boyatzis, 1998; Strauss, 1987; Strauss & Corbin, 1998; Dey, 1999; Rice & Ezzy, 1999; Watson, 2000).

4.2.1. Qualitative methodology

A qualitative approach to the study of men's health and ageing was chosen because of what it offered in terms of seeking understanding into how men make sense of, and negotiate, health and ageing. While quantitative data yields information that is both pertinent and useful to the sociological study of men's health, it is unable to provide a complete picture. For example, while age as a numerical reference point is useful in terms of comparing and contrasting various statistics within a population, it tells nothing about the meaning that people attribute to age and the ageing process. The number used to describe the years one has been alive is often arbitrary to whether one *feels* young, middle-aged, or old.

Likewise, although a plethora of literature has been written quantifying and categorising health and masculinity within the fields of medicine and the social sciences, the terms themselves are loaded in that they have a vast number of values and meanings ascribed to them and need to be understood in terms of how people make sense of them in the context of their lives. As Sullivan notes: “people’s personal experiences and interpretations, the meanings they attach to things, and full description of events must be taken into account to fully comprehend social phenomena” (1992: 119).

The aim of this research is to discover and understand the everyday experiences of men. Engaging with subjects through the action of speech allows the researcher to gain an insight into their subjectivity and motives for action as they experience them in the everyday world (Schutz, 1967; Becker, 1992; Lindlof, 1995; Nettleton & Watson, 1998; Rice & Ezzy, 1999). By drawing upon men’s lived experiences to uncover and explore “meanings that underpin people’s lives” (Arksey & Knight, 1999: 32), an understanding into the complex ways in which men negotiate health, ageing, and masculinities was developed.

4.2.2. Grounded theory

Grounded theory provided the basis for the method of collecting and analysing data. Grounded theory was chosen as a method precisely because:

[it] has established procedures that, if followed, produce substantive theory or conceptual definitions of reality that are inherently valid, verifiable and applicable. ... It is particularly useful in making sense of informant accounts that contain subjective phenomena that are best interpreted from the perspective of the informant. In a sense, it provides a means whereby lay knowledge can be excavated from everyday experience. It also provides an answer to the problem of how to move

away from preconceptions with which the researcher enters the field since it frees the researcher 'to discover what is going on, rather than assuming what should be going on'. (Watson, 2000: 8-9)

Originating in the combined work of Glaser and Strauss (1967) and involving strict protocols, it has since evolved into a pliable set of practices. This has, at times, sparked fervent debate amongst grounded theory aficionados (including between Glaser and Strauss themselves). However, the ambivalence of precise procedures has allowed researchers to use grounded theory as a set of guidelines rather than a strict doctrine (Dey, 1999: 2).

Although grounded theory is more complex than offered below, the following are the features of grounded theory used for this research: (1) an inductive process in which theory is generated from data obtained through qualitative methods; (2) theoretical sampling in which subjects are chosen for their relevance to the research rather than their representativeness; (3) the systematic collection and ongoing analysis of data involving open coding, axial coding, and selective coding (each of these terms are defined and unpacked below), continuing to the point of theoretical saturation in which themes and categories related to the research are ultimately exhausted; and (4) reporting the results in a narrative framework so as to give resonance to the voices of those interviewed and meaning to be meted out in the respondents' own words. The appropriateness of each of these features of grounded theory for this research is explored below.

In researching the lived experiences of men, it was necessary to avoid stating hypotheses that would have inhibited the uncovering and discovery of any 'new' theory emerging from the field (Flick, 2002: 41-42). As such, the approach of

grounded theory that stresses the importance of avoiding *a priori* assumptions and focuses on inductive theory building was relevant to the study that I was undertaking.

The inductive process inherent within grounded theory, however, does not necessarily exclude the use of pre-existing theory. On the contrary, I have aligned myself with researchers such as Strauss and Corbin (1998), Dey (1999), Flick (2002), and Rice and Ezzy (1999) who contend that pre-existing theory may aid in the development of research questions (as long as these research questions steer clear of hypotheses that direct the research). Furthermore, pre-existing theory becomes important in the context of comparing and contrasting theory built up from empirical research with those pre-established theories that helped to shape the research questions (Strauss & Corbin, 1994: 273). In this way, grounded theory acts as an iterative process where “[t]heory building occurs in an ongoing dialogue between pre-existing theory and new insights generated as a consequence of empirical observation” (Rice & Ezzy, 1999: 194).

Having constructed research questions in the light of pre-existing theory, participants needed to be found who would expound and illuminate the theoretical underpinnings of the research. Therefore, theoretical sampling was the model used to recruit participants.

Theoretical sampling means selecting groups or categories to study on the basis of their relevance to your research questions, your theoretical position ... and most importantly the explanation or account which you are developing. Theoretical sampling is concerned with constructing a sample ... which is meaningful theoretically, because it builds in certain characteristics or criteria which help to develop and test your theory and explanation. (Mason cited in Silverman, 2001: 252)

Theoretical sampling was therefore chosen as it best met with the needs of finding a sample based on set criteria that would allow for theory to emerge in light of the research questions involved.

With theoretical sampling, the aim is not to interview a pre-determined number of people; rather, it is to continue the data collection process until theoretical saturation has been reached. As Strauss and Corbin remark,

The general rule ... is to gather data until each *category is saturated*. This means until (a) no new or relevant data seem to emerge regarding a category, (b) the category is well developed in terms of its properties and dimensions demonstrating variation, and (c) the relationships among categories are well established and validated. (original emphasis, 1998: 212)

It should also be mentioned here that the data collection process and analysis of the data were simultaneous and ongoing. It is not possible to reach theoretical saturation unless the researcher collects fresh data in light of the analysis of previous data (Flick, 2002: 42). Therefore, after each interview my field notes and transcripts were analysed, new issues examined, and new leads followed.

The final feature of grounded theory I used assumes a subjectivist approach. Findings were deliberately reported in a narrative format using 'thick description' and extensive quotes so as to capture the participants' experiences in their own words and style, while simultaneously recognising that the ways in which the research findings were presented and interpreted needed to be considered reflexively (Charmaz, 1991: 276-277). As Charmaz notes reflecting on her own research:

the linguistic style of a work reflects the choices and assumptions of an author, which in turn reflect his or her training, interests, research decisions, relationship with the observed, and the historical and social context in which the study is completed. (1991: 276)

As the results are interpretive, the inclusion of large sections of primary data in the form of quotes also serves to improve the rigour and validity of the findings:

Plenty of direct quotes and interviews provide the reader with a clearer sense of the evidence on which the analysis is based ... [and] allows other researchers to inspect it and assess the adequacy with which the methods and interpretations represent the data. (Rice & Ezzy, 1999: 37)

The use of extensive quotes was therefore a deliberate design so as to show the subjective experiences and everyday understandings of the participants involved in this research as expressed in their own words, while simultaneously enhancing interpretive rigour.

4.3. Method of data collection

The empirical data for this research project were obtained through forty-one (41) semi-structured interviews, and a collection of field notes taken immediately after each interview. While the interviews were the primary source of data used, the field notes proved to be valuable, often adding an extra dimension to the interviews themselves.

4.3.1. Field notes

The field notes consisted of a short summary of the interview, notes on what was discussed after the tape recorder had been switched off (this was often extremely

valuable as there were times when respondents really opened up detailing personal and pertinent issues that they did not feel comfortable relaying on tape), and demographic details of each respondent. I was also able to gauge initial impressions of themes and concepts that I saw emerging, as well as my own thoughts and feelings of the interview.

The field notes also encouraged me to be reflexive of the interview process. Taking notes immediately after each interview allowed me to consider such things as how tired or stressed I might have been prior to the interview, the effect of the environment I was interviewing in (for example, in one instance I interviewed an unemployed man living in relative poverty who could not afford heating in his home in the middle of winter. In this case I found that the cold seriously affected my ability to concentrate over a lengthy period), and generally how successful my interview techniques had been in eliciting generous responses. When I conducted interviews at the respondent's place of residence, I also took note of such things as the décor, pictures and posters, religious icons and other objects of interest that may have contributed to building a picture of the respondent's life (Sullivan, 1992). These field notes were then used in an ongoing way to develop and refine my interview schedule in order to build on previous data (Charmaz, 1991; Hughes, 1994; Watson, 2000) and sort out any weaknesses or problems I saw with either my interview technique or the interview schedule.

4.3.2. Semi-structured interviews

The subjective meanings that surround the terms 'masculinity', 'health' and 'ageing', and how men come to understand them, required specific interviewing

strategies in order to gain an insight into men's individual perspectives and lived experiences (Sullivan, 1992; Lindlof, 1995; Arksey & Knight, 1999; Bouma, 1996; Gilbert, 2001). For this reason, I used semi-structured interviews.

The term semi-structured interview is often a confused term within methodological theory. All too often, semi-structured interviews fall under the rubric of in-depth interviewing and are often conflated with other terms such as unstructured interviews or focused interviews (Fontana & Frey, 1994; Rice & Ezzy, 1999). They are also often confused with structured questionnaires and surveys that have open-ended questions, and mistakenly taken as a broader technique of quantitative data collection techniques (Holstein & Gubrium, 1995; Rice & Ezzy, 1999). I prefer to align myself with Tim May's (1997) understanding of semi-structured interviews as importantly different and distinct from both in-depth interviews and structured interviews.

In between the focused [unstructured] and structured methods sits one which utilizes techniques from both. Questions are normally specified, but the interviewer is more free to probe beyond the answers in a manner which would appear prejudicial to the aims of standardization and comparability. Information about age, sex, occupation, type of household and so on, can be asked in a standardized format. Qualitative information about the topic can then be recorded by the interviewer who can seek both *clarification* and *elaboration* on the answers given. This enables the interviewer to have more latitude to *probe* beyond the answers and thus enter into a dialogue with the interviewee. ... These types of interviews are said to allow people to answer more on their own terms than the standardized interview permits, but still provide a greater structure for comparability over that of the focused interview. (original emphasis, May, 1997: 111)

Thus, semi-structured interviews have the advantage of allowing for the contrasting and comparing of results across the range of men interviewed, while also providing the flexibility to probe responses and engage in greater

understanding of the participants' own perspectives: semi-structured interviewing allowed for depth as well as structure.

The interviews were conducted at a time and place that was convenient with the participant. Most often this was during business hours, Monday to Friday, though on occasions it included weekends and evenings. Usually the interviews were conducted either in my office at the University of Tasmania, or else at the respondent's place of residence or work. Prior to the formal commencement of each interview I would spend time establishing rapport with the interviewee.

Because the parties meet each other as strangers, the interviewer must do whatever is needed to put the participant at ease. ... What the interviewer wants to achieve is *rapport* with the interviewee, or the ability of both parties to empathize with each other's perspective. Each party may not agree with the content of the other's perspective, but nonetheless recognizes and respects its validity. The existence of rapport also means that the interviewer and interviewee are in basic accord on communication style and the subject matter that can and cannot be talked about. ... It clears away the fear of being misunderstood. It means that, for *this* occasion, conditions are right for disclosing thoughts and feelings more readily. (original emphasis, Lindlof, 1995: 180)

Where time permitted, I would spend up to half an hour engaging in light conversation with the participant over a cup of tea trying to make them feel as comfortable as possible before the tape recorder was switched on.

Before too long the conversation generally turned to what the study entailed and what was required of them. At this stage, I would provide the participant with an 'Information Sheet' (see Appendix A) outlining what the study was about and their contribution to the project. I would also answer any questions they might have had. All of this was designed to form a bond with the respondent that would

allow them to feel more relaxed with the ensuing interview process and to be more receptive to openly discuss personal issues concerning their health and experiences with ageing (Whyte, 1984; Lindlof, 1995; Fontana & Frey, 1998; Arksey & Knight, 1999; Glesne, 1999).

Once the participant fully understood what the study involved, I asked them to sign a consent form (see Appendix B) and reminded them that there were no right or wrong answers to the questions, and that it was their own opinions and life experiences that I was interested in hearing about and discussing. I then placed a tape recorder in an unobtrusive place off to the side so that it would not serve as a constant reminder that they were being recorded, and then I formally began the interview.

The first few questions that I placed to the respondent were designed to relax them and make them feel at ease. These questions invariably consisted of collecting some background information for demographic purposes, and getting them into a descriptive mode by asking them what their job might entail and what they like to do in their spare time (Whyte, 1984: 104). Once they were settled, I would then move on to discussing deeper conceptual issues (using everyday language) related to the study.

The interview was designed to flow as a conversation rather than simply a question and answer session (Minichiello et al., 1990; Lindlof, 1995; Seidman, 1998; Denzin & Lincoln, 1998; Rice & Ezzy, 1999). This is not to say that the interviews were run spontaneously without planning and forethought, nor were

they conducted in such a fashion that each asked questions of the other, or where I as an interviewer constantly interjected with my own thoughts and opinions. They were run like a 'conversation with a purpose' and they were guided and deliberate (Lindlof, 1995: 164). As Rice and Ezzy state:

A good interview is like a good conversation. Good conversation is a two-way affair. One person talks, while the other listens, responds and encourages. In a good interview, the person who does most of the talking is the interviewee. While the interviewer asks questions and may talk a little about themselves, most of the time the interviewer listens, and the focus of the conversation is the experience of the interviewee. ... The good interviewer may not say much, but they are working hard at listening to what is being said. Careful listening will lead to the interviewer asking good questions that make the interviewed person think, exposing what the person does and how they understand it. (1999: 51-52)

My primary task was to actively listen to what was being exposed by the interviewee and to ask prudent questions pertinent to the study at hand. Where questions were asked of me I would respond. However, I always shifted the focus back to the interviewee as quickly as possible as it was his opinions that I was interested in. The interview schedule was there as a guide with themes to be addressed and probing questions to help elicit responses rather than a specific set of rigid questions. While there were questions that I asked in every interview due to their weight in relevance to the study, many of the questions were not pre-planned; they were asked in connection with the conversation at hand.

Following the method of grounded theory "depends upon developing and refining the data collection tools *while* in the process of collecting the data" (original emphasis, Charmaz, 1991: 273). Based on this understanding, I wrote a new interview schedule for each interview where the previous interview data informed the content of the next interview schedule. The new interview schedule was never

radically different from the previous one: instead, subtle variations would be made to tease out new ideas as they emerged from the previous data. The aim was to extrapolate a plethora of multifaceted data to reveal a more complex picture of how men perceived issues and negotiated changes associated with masculinity, health and ageing.

The interview schedule provided at Table 4.1 below gives an example of the way it was constructed. While the probing questions (*italicised*) were often varied, the core questions (**bullets**) and themes (**bold**) remained central to the study and received only minor adjustments throughout the data collection process, thus maintaining the structure and consistency required within semi-structured interviews.

The interviews varied in length; the shortest one lasting just 47 minutes, while the longest took just under two hours. The majority of the interviews, however, lasted between an hour and an hour and a half. All of the interviews were tape recorded and later fully transcribed. Tape recording allowed me to concentrate on the interview at hand and focus with interest on the issues discussed, while transcribing verbatim ensured that detailed quotes were captured using the precise words and phrases of the respondents. I personally typed all of the transcriptions myself as it gave me a chance to carefully listen to the interview material again and with the chance to pause and take additional notes on emerging patterns and themes. Furthermore, doing the transcribing gave me a chance to reflect upon my interview style and line of questioning, and the ways in which I could improve the questions and how I delivered them (Rice & Ezzy, 1999: 64).

Table 4.1: Draft interview schedule

Background information

- Residential location
- Birthplace / parents' birthplace
- Age
- Marital status
- Level of education
- Employment history

Men in action

- What do you like to do in your spare time?
- What do you enjoy doing with your mates?
 - *sport, drinking, socialising, other?*
 - *how is this different to what you did when you were younger?*
- How are friendships and relationships important in your life?
 - *do you talk about health issues with friends?*
 - *are friendships important for your health?*

Meanings attributed to masculinity and male behaviour

- Is there anything that annoys you about the way other men behave?
 - *Do you ever behave like that?*
 - *What do you do when you see men behaving in that way?*
- What would you describe as being particularly male behaviour?
 - *Why do you see that as being particularly male?*
- Do you think of yourself as being masculine?
 - *why / why not?*

Perceptions of ageing

- Do you see yourself as young, middle-aged, or as an older man?
 - *what is it that makes you feel young/middle-aged/older?*
- What do you think are the benefits of ageing?
- What is the down side to ageing?
 - *how do you feel about this?*

Ageing bodies

- How has your body changed with age?
 - *how do you feel about these changes?*
 - *is there anything that you would like to change about your body?*
 - *can you think of a time your body let you down, injuries?*
 - *are you self-conscious of your appearance at times, when, where?*
- Do you feel that your body is an important part of making sense of yourself as a man?
 - *how, why, examples?*

Men's understandings of health and wellbeing

- What does 'being healthy' mean to you?
 - *define health?*
 - *what are the benefits of good health?*
- Has your health ever affected you in your day-to-day life?
 - *health and work?*
 - *health and sex?*
- How has your health changed with age?
 - *how do you feel about those changes?*
- Have you ever had any serious problems with your health?
 - *how did you feel about that experience?*
- Has your health ever affected your sense of being a man or your masculinity?
 - *independence, sexual potency, strength?*

Finally... Is there anything further you would like to add?

I found the interviewing process not only yielded extremely rich data, but also encouraged me to look at the subject of masculinity, men's health and ageing from a number of angles that I had not anticipated before I began the study. I was also pleased with the interest that many of the men showed in my study and the candid openness and honesty with which they shared their lives with me. I was also gratified that many of the men at the conclusion of the interview told me that they had enjoyed the experience. Some of the men commented that the interview had given them a chance to take an introspective look at themselves and their own thoughts and feelings. Others mentioned that they had been challenged by the questions (as they had not given much thought to them previously) and were surprised about how much they actually had to think and say on the subject. For some of the men who had not readily spoken to others about such personal issues, the experience was cathartic.

In talking to these men about deeply personal issues there was the added pressure of the responsibilities that come with having to conduct oneself with the utmost sensitivity to the subject matter being divulged and the emotions involved (Watson, 2000: 12). There were times when respondents would talk about such issues as depression and suicide. To have been dismissive or to have distanced myself from the interviewee and the emotions involved would have been callous and insensitive. I preferred to take an empathetic approach rather than distance myself from the interviewee, listening intently to what they had to say and respecting their position. As they willingly and voluntarily talked about their personal issues, I did not feel it necessary to stop the tape or change the subject,

despite the obvious emotions involved. Two of the respondents, however, broke down in tears during the interview and it was necessary to stop the tape to give them a chance to recompose and collect their thoughts before continuing. At the conclusion of each interview I gave each of the men the chance to debrief off the record and discuss any of the issues that arose as a result of the interview. I also provided them with a list of free counselling services to take up if they so wished, as well as my phone number and email address in case they wanted to talk further about the interview and the subjects discussed therein.

4.3.3. Sampling strategies

Although snowball sampling and volunteer sampling were used to recruit participants, the selection of participants was purposive and designed to meet with specific selection criteria. Theoretical sampling was therefore the overarching sampling strategy employed. In constructing my sample I took into consideration my key research questions revolving around masculinity, health and ageing. My selection criteria for potential interviewees included the following:

- subjects must be men;
- subjects must be adults (over the age of 18);
- subjects must be living in Tasmania at the time of the interview; and
- subjects must be willing to discuss their own life experiences associated with the effects of health and ageing.

Beyond this I was looking for sub-categories of men that would provide for variation in results and allow for anomalies and deviant cases to surface. These sub-categories included:

- men from different age groups;
- men from different socio-economic backgrounds;
- men of varying sexual orientation;
- men in different states of relationship status (single, married, de facto, divorced, separated, widowed); and
- Australian born men and migrants.

Variation, deviant cases, and anomalies were included so as to reduce the likelihood of gathering data from a homogenous sample, as well as reducing the potential of selecting samples that yielded limited results supporting my theoretical position (Silverman, 2001; Flick, 2002). Variation added to the robustness of the data and further amplified the validity of the results.

A total of 41 men were interviewed between February, 2003, and August, 2004. The men interviewed ranged in age between 19 and 78 years of age and included men from a variety of backgrounds and states of health from around Tasmania. The men also ranged in class, sexuality, nationality, educational status, and marital status. They included: working class and underclass men through to middle and upper class men (this was determined by the participant's occupational background and residential location); unemployed men, students and retirees through to doctors and wealthy businessmen; men who never finished high school through to those with postgraduate degrees; childless men through to fathers and grandfathers; gay, straight and bisexual men; single, de facto, separated, divorced, and married men; able-bodied and disabled men; white men and Aboriginal men; Australian born men and migrants (see [Appendix C](#) for brief details of the participants involved).

While in principle theoretical sampling was my main objective, the first method I used to recruit participants for research was snowball sampling. I believed this to have been an effective way of recruiting participants initially as I was interested in finding men from a variety of backgrounds and I needed a sample base from which I could build a platform to recruit more participants to match my selection criteria as outlined above. While I recognised that this form of sampling has a tendency to produce a homogenous sample due to the respondents recommending like-minded respondents to be interviewed (Lindlof, 1995; May, 1997; Rice & Ezzy, 1999), it proved to be useful to begin with as I was looking for a broad range of men from different backgrounds and there were many groups to target.

I began by asking friends, relatives and work colleagues if they knew of any men who might be interested in being involved with research into men's health and issues associated with ageing, the body and male behaviour. After interviewing these men I then asked if they might take a few extra information sheets that I had prepared and pass them along to their friends and relatives to further recruit participants. Initially, when I began the interviewing and recruiting process, finding willing participants was not terribly difficult as my selection criteria was broad and I found that men were often keen to discuss men's health issues and share their own personal experiences. After each interview I would record personal information and field notes in a journal that focused on the themes and issues divulged during the interview and the personal details or profile of the respondent (e.g., age, marital status, employment, nationality, sexual orientation). As themes began to repeat themselves amongst men with similar profiles I would

look to interview men with different backgrounds so as to build a story relating to men's health from a broad cross-section of the Tasmanian community.

I became increasingly particular about the participants I was seeking to interview as I searched for variation in my sample and looked for deviant cases. Consequently, it became increasingly difficult to find the participants I needed to select through snowball sampling and I had to opt for alternative sampling strategies that allowed me to target specific groups of men. I therefore ventured to use volunteer sampling whereby I placed advertisements with organisations such as the Salvation Army and COSMOS (disability support organisation) as well as in hostels, nursing homes, retirement villages, doctors' surgeries, sporting clubs and pubs, requesting men to volunteer as participants for the study.

Volunteer sampling allowed me to reach out to potential participants that were dispersed throughout the community and difficult to access either directly or through snowball sampling (Rice & Ezzy, 1999: 46). I also placed an advertisement on the 'Tasmanian Men's Health and Wellbeing Association' website (www.tasmen.org.au) requesting volunteers for the project. This website proved to be invaluable as it opened doors to other organisations associated with men's health and well-being, as well as access to potential interviewees.

While volunteer sampling proved to be reasonably effective in recruiting participants, it was not without its faults and biases. For example, volunteer sampling may have excluded certain groups of men who chose to ignore their health and saw no relevance in participating, as well as men who may not have

been networked with the organisations that I advertised through. However, by combining volunteer sampling with snowball sampling I was able to overcome some of the deficiencies that each provided and allow for maximum variation within my sample. This, in turn, created the potential to compare and contrast results with different groups of men of varying ages rather than focusing on men as a homogenous group per se.

While snowball sampling and volunteer sampling were effective methods for recruiting participants, I never lost sight of theoretical sampling as my main directive. Theoretical sampling guided my sample within the limits of set criteria and allowed me to reflect after each interview the direction that my data were taking me and the course I wanted to steer. As Glaser and Strauss state:

Theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes and analyzes his [sic] data and decides what data to collect next and where to find them, in order to develop his theory as it emerges. This process of data collection is controlled by the emerging theory. (1967: 45)

Like Charmaz (1991) and Watson (2000), theoretical sampling allowed for the continual guidance of later data collection and for theoretical concepts to evolve inductively rather than gathering data to support a preconceived hypothesis.

Once 41 interviews had been progressively conducted, transcribed, codified and analysed, the data were suggesting that theoretical saturation had been reached. To continue interviewing past this point would have served little purpose in yielding up new information and I would not have been respecting potential respondents' time by interviewing simply to build numbers without using what

they had to say. I was also working within a limited time frame and so I also chose to cease the interviewing process for the pragmatic reason of time availability.

4.3.4. Ethical procedures

The project received approval from the Southern Social Sciences Human Research Ethics Committee in January, 2003. Informed consent was always obtained prior to the interview taking place and the participants were informed of their right to withdraw consent, refuse to answer questions, or terminate the interview at any stage. In order to protect the participants' identities the names have been changed in the final report and any other identifying information has been either slightly altered or excluded altogether.

4.4. Data analysis

The analysis of the data was conducted in the traditions of grounded theory. This involved the three stages of open coding, axial coding, and selective coding (see below), and finishing with the writing up of the emerging theory (Strauss & Corbin, 1998; Dey, 1999). Within grounded theory, coding is considered the key step in data analysis that develops links between the data and theoretical conceptualisations (Bryman & Burgess, 1994: 5). It involves scanning and sampling qualitative data, searching for commonalities and differences, and formulating 'categories of interest' (Lindlof, 1995: 224). It was through this process of coding that I was able to draw out the emerging theory used to explain

phenomena related to men's health and ageing. The details of the coding procedures for this research project are outlined below.

4.4.1. Open coding

Open coding is defined by Strauss and Corbin as, "[t]he analytic process through which concepts are identified and their properties and dimensions are discovered in data" (1998: 101). Open coding is the "first basic analytical step" (Dey, 1999: 97). It involves breaking down and fragmenting the data along the lines of central ideas or meaningful phenomena, and then labelling these chunks of data with concepts. These concepts are then grouped into categories that serve as umbrella terms (Strauss & Corbin, 1998: 113). This provides for a new way of looking at the concepts involved, and to compare and contrast phenomena and test theoretical relationships (Rice & Ezzy, 1999: 196).

In conducting my own analysis of the data using open coding, I first printed out my interview transcripts making sure to leave a 6cm margin down the left hand side for note-taking purposes. The interviews were then read and re-read with notes made about what the data were telling me. It is important to note here that although I was biased towards certain information emerging as a result of my own reading in the area of men's health, masculinities and ageing, I was not deliberately seeking them out. Instead, I was interested to let the transcripts tell the story and for the concepts to emerge from the participants' own words (Seidman, 1998: 101).

There are various ways in which one might code transcripts, ranging from microanalysis involving line-by-line (or even word-by-word) coding through to coding an entire document as a whole (Strauss & Corbin, 1998: 119-120). I chose to take the middle ground and code by analysing sentences and paragraphs. This provided me with the ability to get an in-depth feel for the data and the various ways in which it was fragmented without the convolution and minutia of detail that microanalysis necessarily entails.

Once notes had been taken and the transcript data labelled, I then sought to conceptualise the data based on the phenomena exposed. Conceptualisation involved “grouping similar items according to some defined properties and giving the items a name that stands for that common link” (Strauss & Corbin, 1998: 121). After consulting with my transcript notes, field notes, and memos, these concepts were then further refined and grouped into categories. The list of categories I developed included the following:

attitude, working, male friendship, family, disease, illness, sport, exercise/physical activity, aggression, ageing, masculine behaviour, relationships, sex/sexuality, drinking alcohol, youth, money, time, body image concerns, eating/diet, bodily limitations, risk taking, annoying male behaviour, fighting, bodily changes, health maintenance, positive ageing, changing behaviour, health, vulnerability, mortality, genetics, mental health, looking (un)healthy, lifestyle choices, holism, wisdom, experience, violence, smoking, drug use, media influences, medical advice, competition, wellbeing, aches & pains, weight concerns, healing, injury, alternative medicine, surgery, emotions,

denial, stress, invincibility, religion/faith, acceptance, worry, (in)dependence, discipline/control, objectifying women, female friendship, socialising, leisure pursuits, vibrant energy, lethargy, good health, health conscious, maturity, fun/enjoyment, fitness, respect, medication, ignoring health.

4.4.2. Axial coding

Having fragmented and then conceptualised the data, I then used axial coding to put the data back together in new ways by linking the categories with sub-categories. While categories represent concepts that stand for phenomena, sub-categories “answer questions about the phenomenon such as when, where, why, who, how, and with what consequences, thus giving the concept greater explanatory power” (Strauss & Corbin, 1998: 125). Often, categories I had developed during open coding would be divided into sub-categories to delineate critical differences between when, where, why, who, how, and with what consequences. For example, the category of ‘drinking alcohol’ in open coding was divided up into ‘binge drinking’ and ‘social drinking’ as they related to two very different ways of ‘how’ men were consuming alcohol.

Axial coding required finding new categories that revolved around the categories’ and sub-categories’ ‘properties’ and ‘dimensions’ (Strauss & Corbin, 1998; Dey, 1999; Rice & Ezzy, 1999): “properties are the general or specific characteristics or attributes of a category, dimensions represent the location of a property along a continuum or range” (Strauss & Corbin, 1998: 117). By considering the patterns (and variations) formed when the properties and dimensions within categories were aligned, new codes were able to be formed. For example, the categories and

sub-categories of 'annoying male behaviour', 'binge drinking', 'aggression', 'physical violence', 'fighting', 'physical risk taking', 'youth', and 'invincibility', shared properties and dimensions that lead to the axial coding of the category 'unruly masculinity'.

Axial coding required a lot of creativity and lateral thinking. In order to map out the codes and visualise the properties and dimensions of the categories, I used a white board and marker to diagrammatically draw up the links and parallels using arrows and branches. As Strauss and Corbin stress:

Diagrams can be valuable tools to integration. Diagramming is helpful because it enables the analyst to gain distance from the data, forcing him or her to work with concepts rather than with details of data. It also demands that the analyst think very carefully about the logic of relationships because if the relationships are not clear, then the diagrams come across as muddled and confused. (1998: 153)

I also found that diagrams were a useful aid in visualising the direction the data were flowing in and the shapes they were taking. Visual mapping required a great deal of time and patience in sorting through the categories and sub-categories and accounting for variations. From this process the following codes emerged:

rejecting masculinity, unruly masculinity, hegemonic masculinity, redefining masculinity, stoic masculinity, dominant gay masculinity, health as masculine, taking responsibility for health, ignoring health to protect masculinity, youthful masculinity, ageing masculinity, the male body as capital.

4.4.3. Selective coding

Selective coding is the final tier of coding required for data analysis within grounded theory. Here, the categories are integrated and refined to develop a central category that has the analytic power to describe ‘what is going on’. In short, the central category “consists of all the products of analysis condensed into a few words that seem to explain what ‘this research is all about’” (Strauss & Corbin, 1998: 146). The central category reveals the main line of theoretical inquiry that is to be undertaken by the researcher based on the indicators exposed within the data-text that point to this theoretical position. It is designed to reveal the plot of the story where the categories could only reveal parts.

The process of selective coding was conducted similarly to axial coding. I compared my memos and notes with the axial coded categories and then attempted to visually map out the direction the data were taking by integrating and refining the categories with my notes. Again, visual mapping allowed me to consider the data from a range of perspectives and shift the categories in and around a variety of themes. Through this process of refinement and integration, the following central category evolved as the main theoretical theme for my research:

Lives in transition: strategies men use to negotiate masculinities over the life course

The strategies men used, in turn, are explained below (Table 4.2) as existing across three separate strata:

Table 4.2: Strategies men use to negotiate masculinities over the life course

Strategies men employ when negotiating masculinity
Support hegemonic masculinity in the field of masculinity
Support dominant masculinities subordinated in the field of masculinity
Reject masculinity

The writing up of the results constituted the final phase of data analysis. It was at this stage that data initially overlooked were filled in, and the empirical data contextualised and compared with other sociological theory and literature. It was at this stage, too, that extraneous concepts that did little to advance the understanding of the theory were trimmed (Strauss & Corbin, 1998: 159). This allowed for the research to remain focused on the central category.

4.5. Conclusion

This chapter has focused on the methods and methodology used in this research project, why these particular methods were chosen and how they were effectively employed. This involved a step-by-step guide on how the data were collected and the various techniques involved, and how the data were analysed to reach a theoretical point of conclusion. While the methodology for the research involved undertaking a qualitative approach to gain an understanding into the participants' lived experiences, the methods for the collection and analysis of data centred on grounded theory.

Grounded theory was useful in uncovering men's everyday understandings and experiences of masculinity, health and ageing, and allowed for the discovery of 'what was going on' in the context of these men's lives. The central category developed as a result of the three tiers of coding through grounded theory shows a theoretical understanding for the strategies that men employ when negotiating masculinities across the life course. The next chapter will discuss these strategies in greater depth.

CHAPTER FIVE

In the Field of Masculinity

5.1. Introduction

The previous chapter outlined the methodology that was used to gather data into understanding the lived experiences of men. The emphasis was on uncovering the strategies that men use to negotiate identities over the course of their lives, particularly in light of changes to their health and the body as a consequence of ageing. Using the life experiences of the men interviewed, this chapter explores the ways in which men negotiate masculinities. There were three main strategies that men employed to successfully traverse the field of masculinity. They were: supporting hegemonic masculinity; supporting other dominant masculinities in alternative subfields subordinated within the field of masculinity; and rejecting masculinity as having any substantial meaning in their lives.

Supporting hegemonic masculinity was a strategy adopted by many of the men interviewed. It was most prominently supported by men who most closely approximated with hegemonic masculinity. The men were not always exemplars of hegemonic masculinity, but approximated closely enough to the cultural ideal as to derive many of the benefits from being in a privileged position in the field of masculinity. This is similar to Connell's (1995: 79-80) suggestion that men tend to support hegemonic masculinity even if they do not fit the mould perfectly. However, while Connell (1995: 82) states that men tend to support hegemonic

masculinity because of the patriarchal dividend they receive, the findings from this research suggest that men are more likely to support it on the grounds that they are protecting their capital which gives them status in the field of masculinity.

Another strategy used by men was to support dominant masculinities in alternative subfields in the field of masculinity, or fields overlapping with the field of masculinity, that valued the capital that they had. In doing so, they were associating themselves with dominant masculinities that both borrowed from and simultaneously challenged hegemonic masculinity. This gave them status in subfields that they were denied in the field of masculinity. It was also a strategy that allowed them to deflect their subordinated status in the field of masculinity. They did not see their masculinity as being of any less value than hegemonic masculinity, and indeed, even challenged the worth of hegemonic masculinity as being inferior to the dominant masculinity that they supported. This placed them in the position of having to both defend the dominant masculinity they supported against challenges in the field in which they operated, as well as challenging the dominant status of hegemonic masculinity.

The third strategy employed by men was to reject masculinity as being meaningful in their lives. This is not to say that they operated outside of the field of masculinity. The fact that they could discuss masculinity suggests that they were forced to confront it in their everyday lives. Yet they did not feel themselves to be masculine. In some instances they could recognise masculinity in other men, but not in themselves, while other men chose to reject masculinity

as being socially meaningful. These men saw masculinity as a constructed identity that had been forced onto men and therefore rejected it on the grounds that such an identity was unnatural. Often, the men who rejected masculinity were far from fitting the hegemonic ideal. They did not own the capital that gave them privileged status in the field of masculinity. Being so far removed from the hegemonic ideal gave them little leverage to challenge hegemonic masculinity. Consequently these men tended to 'will the inevitable' and take back a certain degree of control of their situation by refusing (or rejecting) what had been denied them.

Each of these strategies is outlined in greater detail below. This chapter begins by analysing the ways in which men supported hegemonic masculinity before moving on to consider the differing strategies of supporting alternative dominant masculinities and rejecting masculinity.

5.2. Supporting hegemonic masculinity

In Australian society, some of the more dominant aspects of hegemonic masculinity are associated with sporting prowess and competitiveness, heterosexuality and the objectification of women, alcohol and mateship, and the ability to prove oneself through physical force (Donaldson, 1991; Buchbinder, 1994, 1998; Connell, 1995, 2000; Pease, 1997, 2001; Webb, 1998; Coad, 2002; Tomsen, 2002). These were certainly some of the more recurrent themes that emerged from what many men saw as being particularly masculine or typically male behaviour. Many of the men came to rely heavily on these standards of

hegemonic masculinity as to how they judged themselves as both masculine and as men. By relying on these standards they gained privileged status within the field of masculinity. Being culturally exalted, hegemonic masculinity had the added incentive of being socially accepted as the most legitimate form of masculinity. Performing hegemonic masculinity was a means by which these men could gain legitimate status as men and acceptance from their peers.

It is important to note, however, that the men who supported hegemonic masculinity also had the specific capital that allowed them to perform hegemonic masculinity. They had the physical capital that permitted them to play competitive sports, win physical fights, engage in promiscuous sexual activities and the constitution to consume great quantities of alcohol. They had the economic capital that gave them financial independence and status, and provided them with the opportunity to convert their economic capital into physical capital through the purchase of gym memberships and nutritious foods to build bodies that reflected the hegemonic masculine ideal; and they had the cultural capital gained through higher education that contributed to their privileged position. Further examples of the value of capital, drawn from the study, are provided in Table 5.1 below.

Table 5.1: Examples of the value of capital in the field of masculinity

	Capital			
	Physical	Economic	Cultural	Social
Most value	Healthy, fit muscular, youthful, able-bodied, high tolerance for alcohol, strong, tough, heterosexually promiscuous, sport oriented	Above average wealth, high income, ability to afford expensive masculine pursuits e.g., yachting, golf	University education, high-brow knowledge of the arts, discerning tastes in beer/wine, owner/CEO of a football club	Political connections, belongs to a prestigious country club or golf club, connections to access box seats at prime sports events
Moderate value	Smokes and eats as he pleases, works even when sick, watches sport and pornography, takes risks such as drink driving	Average income, mortgaged assets, can afford some masculine interests e.g., going out drinking, gambling	Well read, higher education, middle class tastes, knowledge of wine, understands the rules of various sports	Established friendships with hegemonic men, well connected with influential men in business
Least value	Overweight, thin, hirsute, old, disabled, weak, sick, sexually dysfunctional, homosexual, cross-dresser, poor hygiene, inactive, dependent	Poor, in debt, government pension, no savings, no assets, homeless, cannot afford to go out drinking or to sporting events	Working class, government high school education, poor literacy and numeracy skills, little knowledge of the arts or sport	Introverted, few male friends, no business connections, not a member of any social or sports clubs

Being privileged through ownership of valued capital in the field of masculinity, these men performed hegemonic masculinity to protect and reproduce the very values that they derived benefits from. The following accounts show just how men who support hegemonic masculinity actively perform hegemonic masculinity

as a strategy to gain acceptance from their peers as being legitimately masculine, and the strategies by which they defend valued capital in the field of masculinity. To begin with, however, I shall consider what the men interviewed considered to be culturally dominant definitions of masculinity.

5.2.1. What does masculinity mean?

As outlined in chapter two, defining masculinity is difficult due to the fluidity of the concept. Being socially constructed and historically located, it is never static and consequently cannot be universally defined or concretised through a series of adjectives. Furthermore, one must refer to masculinities as plural: they are diverse and malleable, changing at both the societal level as well as the individual level over the course of men's lives (Connell, 1995; Kimmel, 1995; Pease, 1997; Beynon, 2002; Whitehead, 2002). Yet for all the diversity of masculinities, it is hegemonic masculinity, that form of masculinity which is culturally exalted, that is considered to be defining of what masculinity (and being male) means. Even though many of the men interviewed in this study did not see themselves as displaying hegemonic masculine behaviour and disapproved of it in others, they still tended to refer back to such behaviour as that which has come to be defined as the culturally dominant ideal.

In Australia, the iconic image of hegemonic masculinity involves meat pies and football, fast cars and 'hot chicks', drinking beers with your mates and playing beach cricket, and so forth. At least, that is what is sold to Australian men as being masculine if one is to believe the beer commercials and sports channels on television and in magazines. Indeed, if one wishes to see just what is considered

to be quintessentially masculine in Australia today, one should tune into the television program *Bloke's World* (the popularity of *Bloke's World* is such that the *Best of Bloke's World* volumes one and two are even available on DVD). The show attempts to epitomise Australian hegemonic masculinity. In a recent episode, the host drank beer while interviewing a motor-cycle stunt rider (Crusty-Demon), praising him for his dare-devil attitude; men from two Australian football codes (AFL and NRL) competed to see who could build the best barbecue in the shortest time; there was a segment outlining what a man should do if he has his meat pie knocked out of his hand at the football; and cheerleaders engaged in pillow fights while straddling a greasy pole in their lingerie (which were ripped off in the ensuing battle, much to the amusement of the male audience). Such male behaviour, as exemplified in such pseudo environments as *Bloke's World*, underpin the hegemonic masculine ideals of competitiveness, bravery, risk-taking, toughness, control, fearlessness, heterosexuality, promiscuity, aggression and physical strength.

Although the aforementioned *Bloke's World* may appear to be farcical in its portrayal of men's masculinity, many of the men interviewed tended to agree with such culturally constructed ideals of what makes men masculine. For example, consuming alcohol with mates down at the pub was seen as a particularly masculine activity whether they approved or engaged in that type of behaviour or not. For some men, drinking beer was what separated men from women. It was not uncommon for men to equate drinking beer, particularly at the pub with mates, as being quintessentially masculine. When asked what they considered to be masculine behaviour, typical responses included:

I reckon drinking is pretty masculine. I mean women drink right, but not like men drink. ... Drinking beer at the pub with mates, maybe that's masculine. I dunno why, it's just the first thing I thought of really. I mean, I reckon it's as much about mates as drinking.

(Neville, 36, butcher)

Maybe the over consumption of alcohol. That's a bit of a blokey thing. ... That's pretty blokey I guess you could say.

(Gus, 28, systems analyst)

Well, if you're talking about the average guy on the street who's about my age with his male buddies, in Hobart it might be going to a pub and having lots of drinks.

(Quentin, 26, social worker)

Violence, aggression and getting into fights were also seen to be masculine by many of the men interviewed. While the majority of the men disapproved of violence, they still perceived violence to be a particularly masculine trait. Physical violence was equated with toughness and strength. It was associated with masculinity as a means by which men could physically prove themselves against other men. Violence was also justified on the grounds of "sticking up for mates" (Eugene, 31, hotel porter), thereby conflating violence with the masculine traits of mateship and loyalty.

Participation in sport, particularly contact sports such as football and rugby, was also revered as being quintessentially masculine. Sport was associated with competitiveness, action, bravery, aggression, risk-taking, toughness and physical strength, as well as mateship and fraternity. Just as actively participating in sport was considered to be a masculine activity, so too was appreciating sport as a spectator. Sport was seen as an arena in which men could engage in homo-social activities, applaud and cheer at on-field violence, and drink with mates. Again,

not all men were fond of such activities but continued to relate to them when defining masculinity.

Heterosexuality and lusting after women were also implicitly and explicitly seen to be particularly masculine. For example, in response to being asked to describe what he saw as being particularly masculine behaviour, David (27, student) replied:

Well I guess blokey behaviour is sitting around at a pub, sinking a hell of a lot of beers. Trying to feel up most women who walk in the room too. That would be what I would describe as your traditional blokey behaviour, if that's what you mean.

(David, 27, student)

Such comments were indicative of many of the men interviewed. There was a sense that being masculine meant being sexually attracted to women and engaging in sexual relations with women. Indeed, even the men who rejected masculinity as a strategy still tended to emphasise their heterosexuality and related sexual relations with women as being masculine.

Masculinity was defined by the men interviewed along social stereotypes of the ways in which men are expected to behave. What was considered quintessentially masculine was behaviour that supported the cultural ideals of toughness, competitiveness, aggression, strength, risk-taking, control, heterosexual promiscuity, bravery and physical strength. These traits were often the yardstick by which they measured their own performances as men as well as the performances of other men.

5.2.2. Performing hegemonic masculinity

By definition, hegemonic masculinity is the most culturally dominant version of masculinity within the field of masculinity. Within the field of masculinity there is a range of capital (economic, social, cultural and physical) that is valued (see Table 5.1 above). As outlined in chapter three, physical capital stands out as being of immense importance in the field of masculinity. The physical capital that is most valued in the field of masculinity is the youthful, lean, muscular male body. It is also healthy, able-bodied, heterosexual, and more often than not, Caucasian. It is this body that has come to represent strength and stamina, mastery and control, health and wellbeing, power and virility. It is the physical embodiment of hegemonic masculinity, and as capital it is highly prized.

Supporting hegemonic masculinity meant supporting the capital valued in the field of masculinity. For most of the men in this study who used the strategy of supporting hegemonic masculinity, this meant supporting and defending physical capital associated with hegemonic masculinity. Some of the men were fortunate in that they did not have to work hard to acquire the physical capital most valued in the field of masculinity. They had mesomorphic body shapes that met the hegemonic standard. Consequently, supporting hegemonic standards of masculinity was a way of rationalising or justifying their privileged status in the field of masculinity. Supporting hegemonic masculinity was a strategy to protect their position and to reproduce the standards that they benefited from.

Nearly all of the men who supported this position actively performed masculinity through competitive sport or weight training. The sports that the men played

included soccer, rugby, squash, badminton, basketball, Australian rules football, surfing, fishing, tennis, boxing, cricket, weight lifting, and Tai Kwan Do. Being physically active, particularly within competitive sport, was an important part of their lives in making them feel like men.

I reckon like, I'm not exactly sure in what way, but ... I think that feeling strong and stuff and that you can do physical stuff is important to being a man.

(Xavier, 24, student)

I used to have a boat, and when I used that my wife seldom came out on it. But I like fishing and in a lot of cases I think blokes go fishing. ... I mean I don't know any women who go trout fishing. And it's fairly rugged type stuff. Now to me that's a blokey thing. You know, they'll camp out and go wood chopping and collecting wood and stuff like that. Whereas the women obviously don't. So to me, that would be the blokey thing.

(Thomas, 58, financial consultant)

I've been tempted to join a mixed netball team which is a different sport that I've never really played but I'm willing to try something and if I enjoy it then so be it. I'd even do it possibly for the social side of things. But I tend to be a bit more competitive. I like to play hard and you know get the fitness benefits from running a bit harder. ... But guys are like that. ... Guys like winning or trying to win.

(Chad, 26, mechanical engineer)

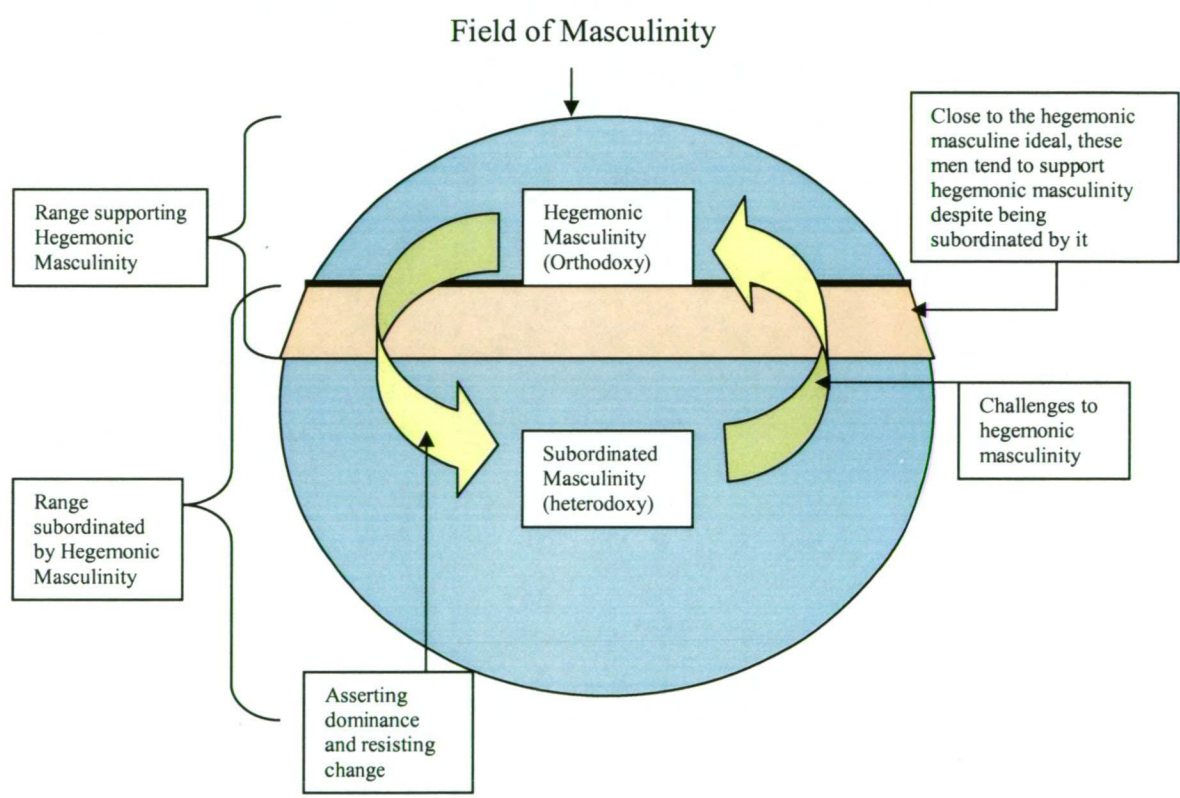
It was also about mateship and fraternity. For example, in describing his sporting achievements as a man in his early to mid-twenties, Eugene (31, hotel porter) gave an account of the brutal nature of rugby which he related to as being masculine and likened to war:

I enjoyed the physicality of it. Yeah, I enjoyed the combativeness. And just the battle and the team atmosphere. In a side like that it's hard to explain – like I used to play Aussie rules and I also used to surf a lot – but in rugby it's like you feel you're in battle. And you know, your guys can't let you down. You've gotta hold that line together. So it's really sortta an intense atmosphere. It's a real physical fight. I enjoyed the downright grunt of it, you know.

(Eugene, 31, hotel porter)

Being able-bodied and strong, these men used their bodies to perform masculinity and highlight their position in the field of masculinity. It gave them the opportunity to use their bodies to meet the cultural ideal by performing masculinity actively through sport.

Figure 5.1: Supporting Hegemonic Masculinity



While some of the men owned the very capital that was valued in the field of masculinity, others supported hegemonic masculinity for what it promised if they could attain the capital that offered power and privilege in the field of masculinity, even though in doing so they were effectively participating in their

own subordination in the field of masculinity (see Figure 5.1 above). Often fuelled by insecurities or anxieties as to their place in the field of masculinity, these men worked hard to acquire valued capital and move to a more privileged position. More often than not, these men closely approximated to the cultural masculine ideal; however, they often felt a need to prove their masculinity by using the physical capital that they had available to them to perform hegemonic masculinity. Consequently, the chance to acquire a masculine identity congruent with hegemonic masculinity was not beyond them, but they had to work to achieve it.

For example, David (27, student) a handsome, able-bodied, young white man who was university educated and was about to enter the professional workforce and command a generous income, had the economic and cultural capital that placed him in a position of privilege in the field of masculinity. Yet during his late teens and early twenties, David perceived that he lacked the physical capital to fit the masculine ideal. He felt that he was too skinny and wanted to put on muscle to attain a body that fitted the masculine ideal.

You know about '94, '95, '96 even, I did start going to the gym a lot because I was conscious at the time that I was a bit of a stick figure. So you know I used to go and try and lift a lot of weights and stuff and even when I came back to Tassie in 2001 I still went to the gym a reasonable amount. But it's quite strange, I think naturally I've actually - I mean I don't claim to be bulky in any way - but naturally I don't think I look like a stick figure anymore so it doesn't really bother me too much. And I find my muscles - as far as getting a work-out goes - they get just as good a work-out in the swimming pool as they used to get when I went to the gym anyway. So, as far as changing appearance that was one thing I used to do, to try and change appearance.

TC: How long did you go to the gym for?

Yeah as I said, I started about '95, '96 and went right up until the time I went to the UK in '99. And then that was actually one thing that really depressed me working in Melbourne and Sydney in 2000. I was working in a job where you put in a lot of hours. You'd start at eight in the morning, you'd finish at eight at night and then be expected to go out and socialise with your work colleagues. So I'd be getting home at twelve or one o'clock in the morning and getting up and doing the same thing the next day. Didn't get to the gym and that actually used to really upset me. And realistically, one of the primary decisions I actually quit and came back to uni 'cause I just knew I could live the lifestyle that I wanted to live when I was at uni again.

(David, 27, student)

For David, building his body with lean muscle mass was important for his own personal wellbeing. Although he may not have been consciously aware of it, he was also improving his physical capital to meet with a body image ideal that represented hegemonic masculinity. Effectively, however, while he was supporting hegemonic masculinity by performing hegemonic masculinity and striving for a body that matched the cultural ideal, he was also contributing to his own subordination. Hence there was a time when he felt great anxiety about how his body looked as it differed from what he wanted it to be. Not until his body shape was congruent with cultural standards (lean and muscular) did he feel more comfortable with his appearance.

For other men who felt anxieties about their masculinity, performing hegemonic masculinity was as much about proving masculinity. For example, there were a number of men interviewed who saw fighting as positive proof that they were masculine and that engaging in physical violence validated them as men. Comments to this effect included:

I didn't have any great ideas about what a guy was. I mean I boxed so therefore I was obviously masculine enough I suppose, but I never thought

about it as macho or anything. ... I mean, I'm quite happy I'm masculine, but I don't wave flags or anything like that if you get my drift.

(Isaac, 63, newspaper columnist)

Yeah, I get in the odd fight. I get into a lot of arguments. But it's hard to miss it. Like when you're out and you get a drunken dickhead and you sort of have a few words and then it goes from there. They have a go and you sort of ... Like that's another masculine behaviour, you don't want to sort of back off sort of thing.

(Edgar, 19, student)

There was a need to back their claim of support for hegemonic masculinity by emphasising exploits that proved that they had the capital that entitled them to support hegemonic masculinity.

Alcohol was also used to perform masculinity and prove that one had the physical capital to be able to consume large quantities of alcohol. For example, Eugene (31, hotel porter) described himself as a 'general Australian guy' because he could (and as proof, would) binge drink on a regular basis:

Yeah, I go out to the pub a couple of nights a week. ... I'm a general Australian guy. I'll down twelve cans. That's not a problem you know. ... If I went out for a night out, I'd drink a dozen cans, yeah.

(Eugene, 31, hotel porter)

Eugene also talked about using alcohol and violence to prove himself as masculine. He talked about how he and his male friends often fuelled themselves with alcohol and illicit drugs and went out looking for fights. Reflecting on his youth, Eugene stated:

I just drunk far too much. ... I was going out and getting into fights. ... I think that was a masculinity thing. I think I just wanted to prove myself. Yeah, I think I was just trying to prove that I could physically handle it.

(Eugene, 31, hotel porter)

Supporting masculinity also meant performing heterosexuality. In discussing definitions of masculinity, male behaviour, or what it meant to be a man, the men often referred to sexual relations with women as being fundamentally important. More often than not, the men referred to the women merely as objects to be leered at or groped. For example, Aaron (50, unemployed) mentioned that he liked to sit at an outdoors pub with his mates and watch the younger women walk by and rate them on their physical appearance, often in a lewd or derogatory fashion. He described it as a hangover from his youth and did not necessarily see his behaviour as disrespectful to women as he was not talking that way in front of them. He felt that this was acceptable behaviour in the company of other men.

For men who were in long standing relationships, love and marriage were important for making them feel like men.

To be a guy to me just meant to find a girl that you loved and vice versa and from there get married and hopefully a family. ... I think men have their role in life and women have their role in life.

(Isaac, 63, newspaper columnist)

My wife has been extremely good for my health, as well as my masculinity. ... She's a beautiful accessory. She's a lovely person. She's a good looking lady. And it makes me feel good to have a good looking lady. So that's good for me as a man I suppose. And I love her and I think that I suppose it makes me feel manly to have someone to love.

(Dirk, 52, counsellor)

The men interviewed tended to describe women in terms of objects for the lascivious attention of men, or passive as the good wife to be loved and protected. Either way, they were performing masculinity (perhaps unconsciously so) that

met with hegemonic standards. Being heterosexual was felt to validate their masculinity. Conversely, homosexuality threatened this security.

5.2.3. Defending hegemonic masculinity

Supporting hegemonic masculinity was more than about performing masculinity or acquiring capital to give them privilege and status in the field of masculinity. Supporting hegemonic masculinity also required defending it from challengers. In many instances this meant chastising those men who did not meet the cultural ideal of male or masculine, as well as those men who failed to adequately perform hegemonic masculinity. For instance, for many of the men (particularly those aged in their twenties and thirties), drinking was seen to be a situation through which they could prove their masculinity by competitively outdrinking others. Men who couldn't hold their alcohol were referred to as 'girls' and 'wimps'. Likewise, men who could not finish their beer, tipped their beer out, or counted more than they actually had to drink were ridiculed and chastised. Their masculinity would be called into question if they were unable to keep drinking at a pace with their male friends.

For example, Frank (31, student) recalled the halcyon days of his late teens and early twenties as a time of parties and excessive drinking; a time when he had the physical capital to perform hegemonic masculinity. The binge drinking that was popular at the parties became an opportunity to perform hegemonic masculinity and separate those who could handle excessive alcohol consumption from those who could not.

I remember in college, you know, I think there were twenty weeks in a row where we had an eighteenth birthday party. And it was like a continuing saga of like how much you were going to drink and who you were going to be on with at the next party. So yeah, I think very much it was the thing to do, and your mates were doing it so you did it.

TC: Was the drinking competitive?

Yeah, and I used to be known, 'cause I used to be able to drink a fair bit. I was actually a master skuller, so my party trick was drinking pints ... I used to have a good one where I could skull a pint of Guinness and a shot of tequilla, and bet people how quickly I could do it and keep it down and stuff like that. I don't have to swallow, I can just pour. So yeah, it was competitive. We used to have a mate that we always used to stir up because he always used to up the number of drinks he'd have without actually having that many drinks. And I think about the things that you used to get ribbed over and it would be doubling your counting, not finishing your beer, or being a tipper. You know that was one of the worst to be. So yeah it was competitive. Certainly the mindset of the people I grew up with and used to hang out with.

(Frank, 31, student)

Chastising others for their inability to perform hegemonic masculinity to an acceptable level by their peers was a means by which these men were defending their position in the field of masculinity. They were reinforcing those elements of hegemonic masculinity that gave them status (being known as the “master skuller” for having the ability to drink a lot quickly) while simultaneously debasing other masculinities as being of inferior status in the field of masculinity (“ribbing” others for being unable to keep pace).

As mentioned above, homosexuality was perceived as a real threat to hegemonic masculinity. This is hardly surprising, for as Connell notes:

Patriarchal culture has a simple interpretation of gay men: they lack masculinity. ... The interpretation is obviously linked to the assumption our culture generally makes about the mystery of sexuality, that opposites attract. If someone is attracted to the masculine, then that person must be feminine. (1995: 143)

Not only did many of the men interviewed emphasise their heterosexuality through discussions concerning their sexual relations with women, but they also reaffirmed their heterosexual position by admonishing behaviour that they perceived as being homosexual, however obtuse. For example, Eugene (31, hotel porter) suggested that he would rather die than let a doctor insert a finger into his anus to conduct a digital prostate examination. While discussing men's health issues, Eugene stated:

I reckon they should have a better test for bloody prostate cancer.

TC: Have you ever been tested?

No, no. I'm terrified of someone sticking their finger up my arse. It's like, I don't want to go through that. Hopefully they'll have a better test for that in the next couple of years and I won't have to go through that.

TC: Would you avoid the test if it remained as it is?

I think I would. The experience would just be far too traumatic for me. I just can't picture myself bending over and ... No, I just can't do that. I think every guy's the same. It's not something I would look forward to. I think I would rather die from prostate cancer than have someone stick their finger up my bum, you know.

(Eugene, 31, porter)

To engage in behaviour that might have been seen as in some way homosexual - such as being penetrated - was an idea that would not have been entertained by some of the men, even where the relationship was that of a doctor/patient rather than homosexual lovers. To be seen as homosexual or placed in a passive position to be penetrated contradicted hegemonic masculinity and their privileged place in the field of masculinity. To suggest that he would die rather than have a digital proctological examination shows how strongly Eugene felt it necessary to

protect his masculine identity. I shall return to Eugene's statement in chapter six to discuss the subject of men avoiding health professionals.

Supporting hegemonic masculinity involved both performing hegemonic masculinity as a means of defining acceptable boundaries of masculine behaviour and their own place therein (i.e., proof that they were masculine) as well as defending hegemonic masculinity from behaviour that challenged the boundaries of hegemonic masculinity. The men who used the strategy of supporting hegemonic masculinity also closely approximated with the hegemonic ideal. These men owned the capital that was valued in the field of masculinity. This gave them a position of status and privilege that they were reluctant to relinquish. Consequently, they defended their position in the field of masculinity against challengers that had the potential to threaten their status by admonishing or ridiculing the behaviour of others that did not fit the hegemonic masculine ideal. They were also careful not to behave in ways that may have been perceived as 'un-masculine' (not fitting the mould of hegemonic masculinity).

5.3. Dominant masculinities subordinated in the field of masculinity

Unlike Connell (1995: 79, 81-82) who suggests that men are inclined to support hegemonic masculinity to gain a patriarchal dividend, most of the men interviewed in this study did not support hegemonic masculinity, but instead supported dominant masculinities in alternative subfields in the field of masculinity. Too far removed from the hegemonic masculine ideal, these men

negotiated masculinity within other subfields in the field of masculinity. These men still saw themselves as overtly masculine; however, they refused to see themselves as fitting a subordinated or marginalised version of masculinity. Instead, they negotiated masculinity to fit broader parameters in which the capital they owned was valued.

For some of the men, this meant negotiating masculinity to pull together elements of hegemonic masculinity and fusing it with their own reformulated version of masculinity. For others, it meant drawing on hegemony in other fields and using it in the field of masculinity. For others still, it meant operating in subfields in which they fitted the dominant version of masculinity. In so doing, these men were able to successfully negotiate masculinity and take advantage of the capital that they did have which allowed them to perform dominant masculinities that openly challenged hegemonic masculinity. These men's everyday lived experiences in the field of masculinity were not of being subordinated, but rather were dominant in relation to other masculinities while simultaneously challenging hegemonic masculinity.

5.3.1. Mosaic masculinities

Mosaic masculinities refers to the process by which men negotiate masculinity by drawing upon fragments or pieces of hegemonic masculinity which they have the capacity to perform and piecing them together to reformulate what masculinity means to them to come up with their own dominant standard of masculinity. I liken this form of masculinity to a mosaic as it is constructed like a mosaic: incompatible pieces or fragments that do not easily fit together are placed to form

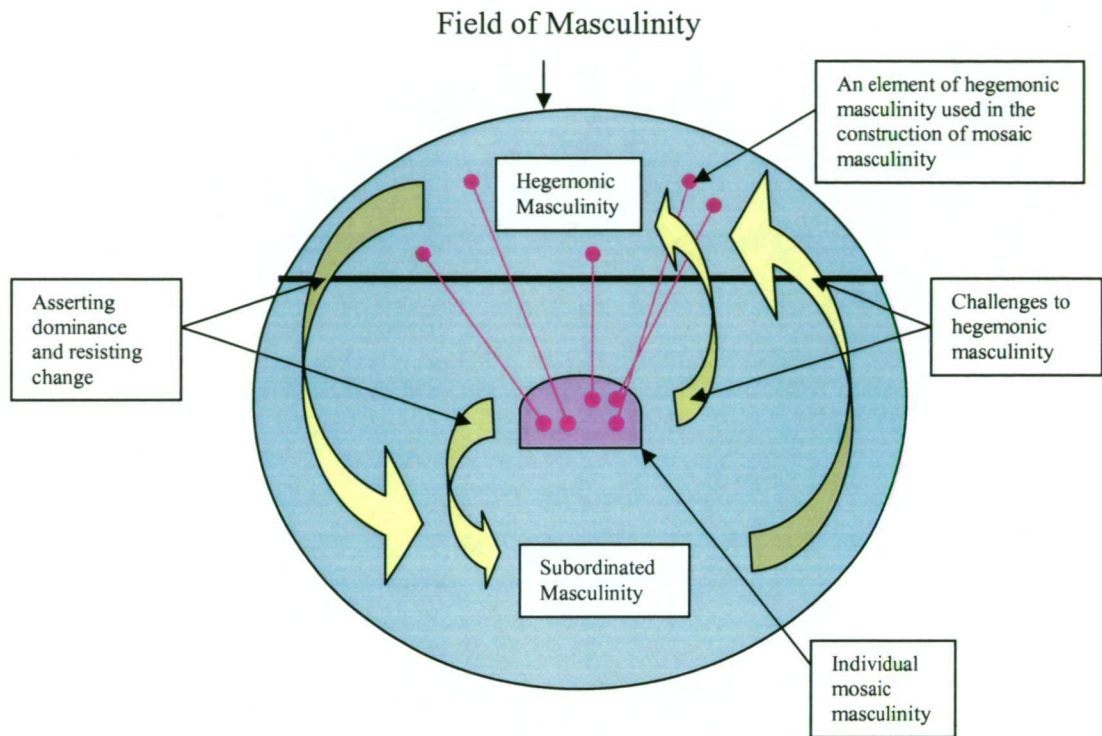
a coherent pattern. The formation of mosaic masculinities is similar to the reformulation pattern described by Gerschick and Miller:

Men who reformulate predominant standards in defining their masculinity tend not to overtly contest these standards, but – either consciously or unconsciously – they recognise in their own condition an inability to meet these ideals as they are culturally conceived. They respond to an ideal by reformulating it, shaping it along the lines of their own abilities, perceptions, and strengths, and they define their manhood along these new lines. (1994: 37)

Although men may be subordinated by hegemonic masculinity, they do not necessarily reject it altogether. Instead, they focus upon those elements that do privilege them and reject the rest (see Figure 5.2 below).

Mosaic masculinities are individual in how they are constructed but rely on hegemonic definitions of masculinity that operate in the field of masculinity. In essence, they build their own standards of masculinity in the field of masculinity that allows them to define dominant masculinities within these boundaries (thus giving them status) and lends itself to legitimacy by drawing upon elements of hegemonic masculinity (e.g., they may draw upon the hegemonic masculine ideal of strength for their ability to be mentally strong, even though they may be physically weak). Yet because they do not have the capital to adequately perform hegemonic masculinity (only in part) they are subordinated by hegemonic masculinity and therefore challenge it. However, in relying on elements of hegemonic masculinity to define themselves they also resist other subordinate masculinities because they support those elements of hegemonic masculinity that give them status in the field of masculinity.

Figure 5.2: Mosaic Masculinities



Frank (31, student) was one such man who used the strategy of creating mosaic masculinities by reformulating hegemonic masculinity to suit the capital that he had at hand. Frank was an overweight young man who did not physically match up to the hegemonic masculine ideal of the lean, toned, athletic male. However, in pursuing his academic interests, Frank maintained that he was very competitive and that competitiveness was the benchmark by which he measured masculinity. He saw competitiveness existing in many facets of men's lives from work through to sport, to hosting a dinner party for friends. When Frank was asked what he perceived as masculine, he replied:

Wanting to take on the world. Viewing everything as a challenge. And attacking everything competitively. Like I mean certainly, even within academia, it's all about my publications versus their publications or how big is my research grant. You know, it's all dicks on the tables sort of stuff. And I think that really is, and I don't think that really does change. It's probably the one thing that doesn't change. You know, you might change the field of competition, but I don't think you ever change that competitiveness. I mean, I'm probably still as competitive now, and it doesn't matter what I take on, I always take it sort of competitively. Even now if I have friends around for tea, I'm always judging that against what other people have when I go around for tea. So I think that's competitiveness and viewing everything as a competition and wanting to battle and win. Maybe that mellows out as you get older, but, I dunno. I think there's something in men that wants that everything's got to be a challenge, everything's got to be a competition.

(Frank, 31, student)

Frank's strategy to reformulate hegemonic masculinity and develop his own mosaic masculinity surfaced as a result of him giving up competitive field hockey and gaining weight. When Frank played on the hockey team, he talked of sport, alcohol, and women as being of central importance in his life. It was not until he gave up sport due to work commitments that Frank began putting on weight. Gaining weight resulted in the devaluation of his physical capital and the realisation that he was not able to meet cultural norms associated with the ideal male body. Frank discussed how he went through a period of personal conflict over his own body image when he was younger as he found it increasingly difficult to shift his weight. At this time in his life he supported hegemonic masculinity despite lacking valued physical capital and being subordinated by definitions of hegemonic masculinity.

In relating to the present day, however, Frank claimed that body image was of very little importance and that there was more to life than looks and a toned body. He shifted from supporting hegemonic masculinity and trying to achieve a lean,

toned body to developing a mosaic masculinity that allowed him to reject the importance of physical capital in favour of other elements of hegemonic masculinity such as improving the value of his cultural capital by competing academically. Frank successfully negotiated his weight gain and lack of interest in playing competitive sport to focus on competition in other areas of his life that allowed him to meet dominant standards of masculinity.

While some of the men underwent a shift from relying on hegemonic masculinity to reformulating masculinity to accommodate for changes over the life course, others had used the strategy of developing mosaic masculinities all of their lives. These men had never been able to meet the hegemonic ideal for a variety of reasons and thus had spent their lives reshaping masculinity to meet with their own strengths and abilities. For example, Harold (71, retiree), who had never been married and refused to engage in sexual relationships outside of marriage due to his orthodox religious beliefs, reformulated masculinity to focus on his strengths that kept him from weakening his stance on sex.

I think as far as my masculinity is concerned, by that I mean, if you're thinking about the sex drive and that sort of thing ... because I'm a Christian, I'm not into sexual relationships and that sort of thing outside of marriage, because that's my faith. So any thoughts that I might have like that I try to get rid of. You know, I'm still a man. But I discipline myself and control myself there. ... But as for my masculinity, no I still appreciate women. They're great.

(Harold, 71, retiree)

Rather than focusing on sexual relationships as being important for his masculinity, he fixed his attention to what he could achieve through discipline and control that made him feel masculine. Not being sexually active did not make Harold feel as if he was any less masculine. He supported those elements

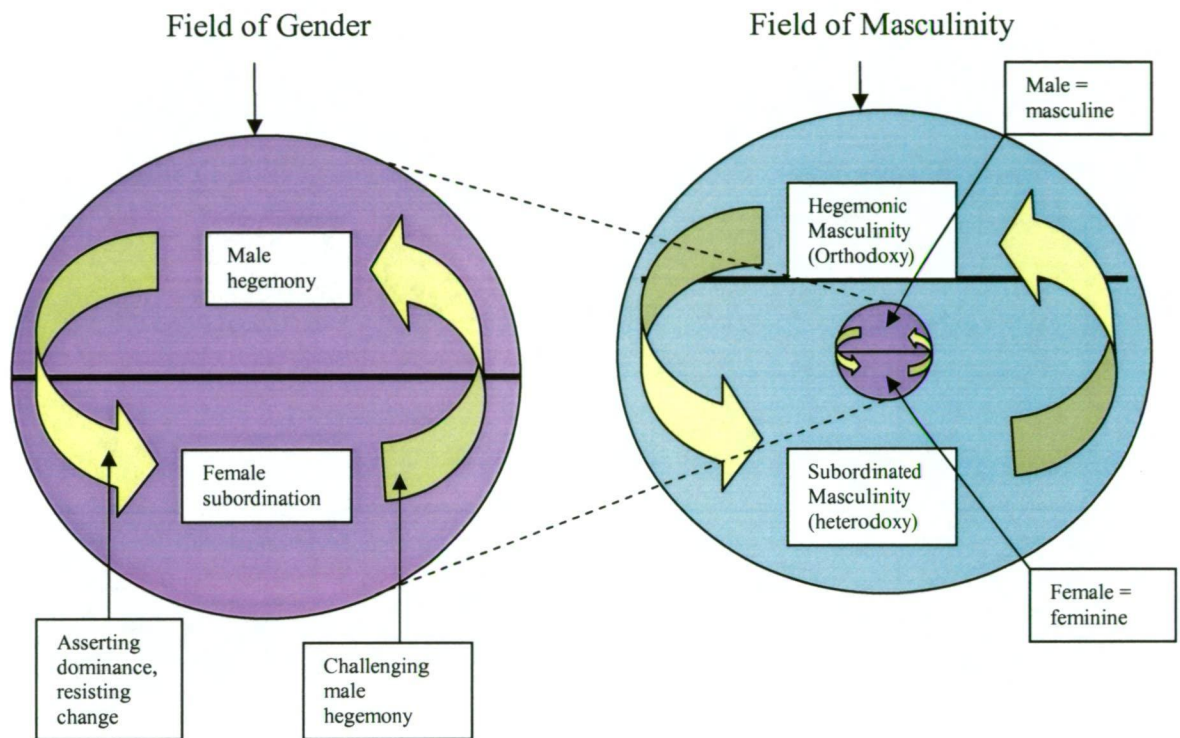
of hegemonic masculinity that privileged his position (discipline and control) while challenging hegemonic masculinity in relation to sexual activity and promiscuity. He also defended his position against subordinate gay masculinities by emphasising his appreciation of women and reaffirming his heterosexuality.

While these men recognise that they may not necessarily epitomise the hegemonic ideal, they reformulate hegemonic masculinity to accommodate for their own inabilities and lack of valued capital and draw attention to their strengths that parallel with definitions of hegemonic masculinity. In doing so, these men find comfort in their identities as men by rejecting those aspects of hegemonic masculinity that conflict with their lived reality of masculinity while still retaining those aspects of hegemonic masculinity that privilege them. Thus, they form mosaic masculinities that operate as dominant masculinities relative to the masculinities of other men (despite being subordinated by hegemonic masculinity).

5.3.2. Operating in the field of gender

Some of the men who did not fit the hegemonic ideal chose to reject hegemonic masculinity and instead drew upon hegemony in other fields. As they did not have the capital that was valued in the field of masculinity, they looked to where the capital they owned was valued. The obvious example for many of these men was to draw upon male hegemony in the field of gender. Here they used their privileged position as men in the field of gender to attempt to gain status in the field of masculinity. They tended to emphasise their masculinity as innate and conflate their maleness with their masculinity.

Figure 5.3: Drawing on Hegemony in the Field of Gender



By conflating male with masculine they were challenging hegemonic masculinity and the hierarchy of masculinities. They saw themselves as equally masculine as any other man by virtue of being biologically male. However, they also saw themselves as dominant in relation to another group: i.e., women. Drawing on the field of gender (see Figure 5.3 above), they distinguished between men (dominant) as masculine and women (subordinate) as feminine. They felt threatened by feminism and emphases on equality, and feminist proclamations of gender as socially constructed phenomena. Consequently, they defended themselves by building on the essentialist argument of masculinity driven by male

biology. They saw the feminist ideal of equality of the sexes as harmful to men's masculinity.

For example, Umberto (50, carpenter), Victor (56, small business owner), and William (58, call centre telephonist) all denounced hegemonic masculinity as damaging to men and avoided defining their masculinity with what they saw as restrictive stereotypes of the culturally perceived masculine ideal. As Umberto states in response to gender stereotypes:

I hate projecting masculinity onto young boys, you know. The masculine agenda. And there's nothing I hate worse than seeing a little kid with the pullover and the footy boots playing the role, you know. ... I suppose I hate also cutting children's hair when they're only two or three years old because they're a boy, you know. And it looks so beautiful and then it's shorn, you know. What's next? The army? And same with putting this frilly shit on girls.

(Umberto, 50, carpenter)

Likewise, William describes how damaging and hurtful the cultural ideal image of men and masculinity is, particularly images projected by media:

I feel sad that people – and women too – follow the stereotypical way the media puts it all of how a woman or a man should act.

TC: What's the stereotype?

The stereotype is you just have to look at any magazine or TV program. It's the tough guy, you know, typically stoic, strong, very heterosexual, very quiet, stud, six-pack. Anything that you sort of see in the media blasting out. The picture that ninety-nine per cent of men can't achieve. Very narrow. And extremely hurtful.

TC: Hurtful how?

Well because men need to learn who they are. And because of our society, if fathers aren't around - either through not living in the home or being at work 16 hours a day - what role model do they have except their computers and their TVs and their magazines, and even their mothers sometimes. So, I think for – and a lot of this is me too and I should only

talk about myself – but the pressures that a lot of young fellas are identifying themselves, how are they supposed to act as a man? Here I am a man. But what does that mean? ... And because that other part of that role as I was saying before is to be very stoic and quiet, they don't ask or they don't show or they don't tell and they certainly don't go to a footy game and say afterwards, 'what does it mean to be a man?' You know, you're not gonna do this. Hence all these young boys running around destroying the place.

(William, 58, call centre telephonist)

While they rejected the culturally dominant ideal of masculinity, or what it is supposed to be, they did not reject masculinity outright. They still saw themselves as very masculine; however, they celebrated their own diversity as men. As Victor (56, small business owner) encapsulates:

It doesn't have to be anything to be a man. But in our society generally if you're a homosexual well you're not a man. You know, if you're a transsexual, you're not a man. All of that sort of stuff. Whereas, they are men because they were born men. That's my philosophy. Because we have soft men, gentle men, hard men. They're all men. So what does it mean to be a man? It's as wide as you want to make it.

(Victor, 56, small business owner)

These men took a new-age approach to masculinity that attempts to transgress boundaries and break-down the hierarchies of dominant and subordinated masculinities. They saw all masculinities as equal and rich in their own unique ways.

All three men emphasised a desire to express themselves emotionally and did not see this as being in any way effeminate. Instead, they referred to this as 'soft masculinity'. For example, as Victor states in response to being asked if he thought of himself as masculine:

Yeah, I'm masculine. Yet I'm soft masculine. ... I've got a loud voice, I'm noisy, I can bulldust and do the stuff that all blokes can do easily. You

know, I can bounce off other fellas and have a lot of fun. Yet, and that's part of me, but there's another real soft gentle part of me. ... Part of me that wants to be looked after. Part of me that wants to be cared for and nurtured and sometimes I let that happen. ... Now I'm in a relationship with a woman younger than me – she's ten years my junior – but, I think we've developed to the point where I can say "I just want to stop at your place tonight because I just want a cuddle. That's all I want. You know, I just want to be near you. I just want to be nurtured. I'm feeling a bit vulnerable or whatever". ... But, yeah, no I'm masculine.

(Victor, 56, small business owner)

They saw the expressing of emotions as finding their true identities as men and that prior to this they were confused and lost with what masculinity meant to them. They described their ability to express their emotions as men as an enlightening and spiritual experience.

Interestingly, these men avoided the company of other men who may have challenged or threatened their masculinity. Umberto, William, and Victor all disliked and avoided engaging with men who supported hegemonic masculinity. While they still enjoyed a beer, they did not like to sit around with other 'blokes' in a pub talking about inane subject matter. They preferred liaison with men with whom they could share an intimate conversation.

You know, because of my involvement in the men's stuff, I don't wanna be with blokes anymore. I mean I don't mind a bit of skylarking around and having a silly beer at the pub type of stuff, but I don't choose to mix in that sort of group a lot. I still go to the pub and have a beer and talk rubbish and carry on a bit, but I would prefer to have a more intimate conversation with a fella than get bored with crap talking about footy.

(Victor, 56, small business owner)

For me, [going to a men's group] was just being able to become intimate with other men that I realised there was this thing called masculinity, whatever it is, that's a bond that we feel. It's extremely diverse, which is wonderful. ... And there was that total respect and love and it was just fascinating. And I didn't think it would be possible for men to do that. ...

And I felt part of masculinity. And I realised then that yes, now I know what it's about.

(William, 58, call centre telephonist)

All three men belonged to men's groups where they found they could share their feelings in an intimate environment without fear of ridicule. They were operating in a subfield that drew upon distinctions in the field of gender; i.e., that all men are masculine and have a privileged position over all women who are by virtue of their biology feminine. In this way, they were protecting and validating how they defined themselves as masculine and maintaining a dominant position, not in relation to other men, but in relation to women and femininity.

Victor, William, and Umberto saw no reason to question their masculinity as they saw it as innately connected to being male. In this way, they did not have to defend or rationalise their softer sides from being considered weak or effeminate. By virtue of the fact that they were biologically male, they believed themselves to be masculine.

I only see masculinity as a response to the feminine polarisation. And for sexual purposes, you know. It's the reason that we're male and female actually when it boils down to it.

(Umberto, 50, carpenter)

Without a male body I wouldn't be [a man]. ... Well I think that's the bottom line in a sense. That's all there is. A man is born a man because he's got genitalia and so. And that's all the proof you need to be a man really.

(Victor, 56, small business owner)

As far as what does it mean to be masculine, the dick between the legs helps. That starts you off. Then there's all the other things that's inside of you that are innate that you don't understand.

(William, 58, call centre telephonist)

By conflating man with masculine, they no longer had reason to feel threatened or insecure in their masculinity. To show their emotions and become intimate with men was not seen as homosexual or feminine, but rather, simply another form of masculinity set equally amongst a myriad of others.

Interestingly, amongst the rhetoric of masculine equality was an ever pervading sense of misogyny. In contextualising the meaning of masculinity in their lives, these men associated masculinity with being biologically male and necessarily excluded women. As such, it was necessary for them to dichotomise male from female so as to separate masculinity from femininity. To do this, they often talked of men and women as polar opposites. In fact, some of the men became quite irate at the suggestion that men and women should be considered equals. For example, William, in discussing how he came to accept himself as masculine, describes how important it was to distance himself from women and feminism:

Feminism always came out about this equality nonsense, you know, which is totally right off, I mean it's stupid. And it's really nice to see them change and also nice to see men start to understand too that we don't have to be, we don't want to be equal with women, okay, because we can't be. We are different. And it's much better to celebrate our masculinity, celebrate who we are and celebrate each other, and enjoy that. And also realise that they're doing the same thing on their side.

(William, 58, call centre telephonist)

William held a lot of resentment towards women involved in feminism. He blamed feminism for the negative connotations that the term 'masculinity' has and what he saw as the emotional separation and physical detachment of fathers from their children.

Masculinity is normally a dirty word, you know. If you're a man, who've you beaten recently? If you're a man with a little kid, what are you after?

God forbid you have a kid and kiss it. And, I got hurt a few times, because I'm a very affectionate person and I remember when my kids were young and we were kissing and hugging all the time. And because of feminism, when that started coming up, all of a sudden, because I worked with women and I heard them talk, I was actually starting to feel guilty. And I'm angry about that. I actually started feeling guilty, and it pulled me back a little bit which angers me more. I remember I went to pick up my daughter from high school and I came in the back and I was waiting for her. And this male teacher comes towards me, and he says, 'Can I help you'. And I knew what it was all about, and I thought, I don't believe this. I told him I was waiting for my daughter and he was asking me, well what class is she in. And I said, what are you thinking mate? I mean, I can understand him doing it and why because that was the thing at the time, but how dare he. And what I found out from other men is they have been disenfranchised from their kids because of that and what's been going on in the news and that. And it's a lot to do with feminism.

(William, 58, call centre telephonist)

Although these men who rejected hegemonic masculinity and reformulated masculinity to accommodate for their effeminate behaviour promoted the idea of equality of masculinities, the proof of their masculinity came at the expense of separating themselves from women and extending inequality between the sexes.

In believing that masculinity is innate unto men and that all masculinities should be respected equally, these men felt free to behave as they pleased without fear of having their masculinity questioned. They challenged the dominance of hegemonic masculinity and the value of a particularly narrow form of the male body as valued physical capital (i.e., lean, muscular, youthful) by reducing the male body to its chromosomal level at which all men are equal. Subordinated by hegemonic masculinity, these men sought a level playing field that reduced the privileged position of other men, while simultaneously defending their patriarchal position over women.

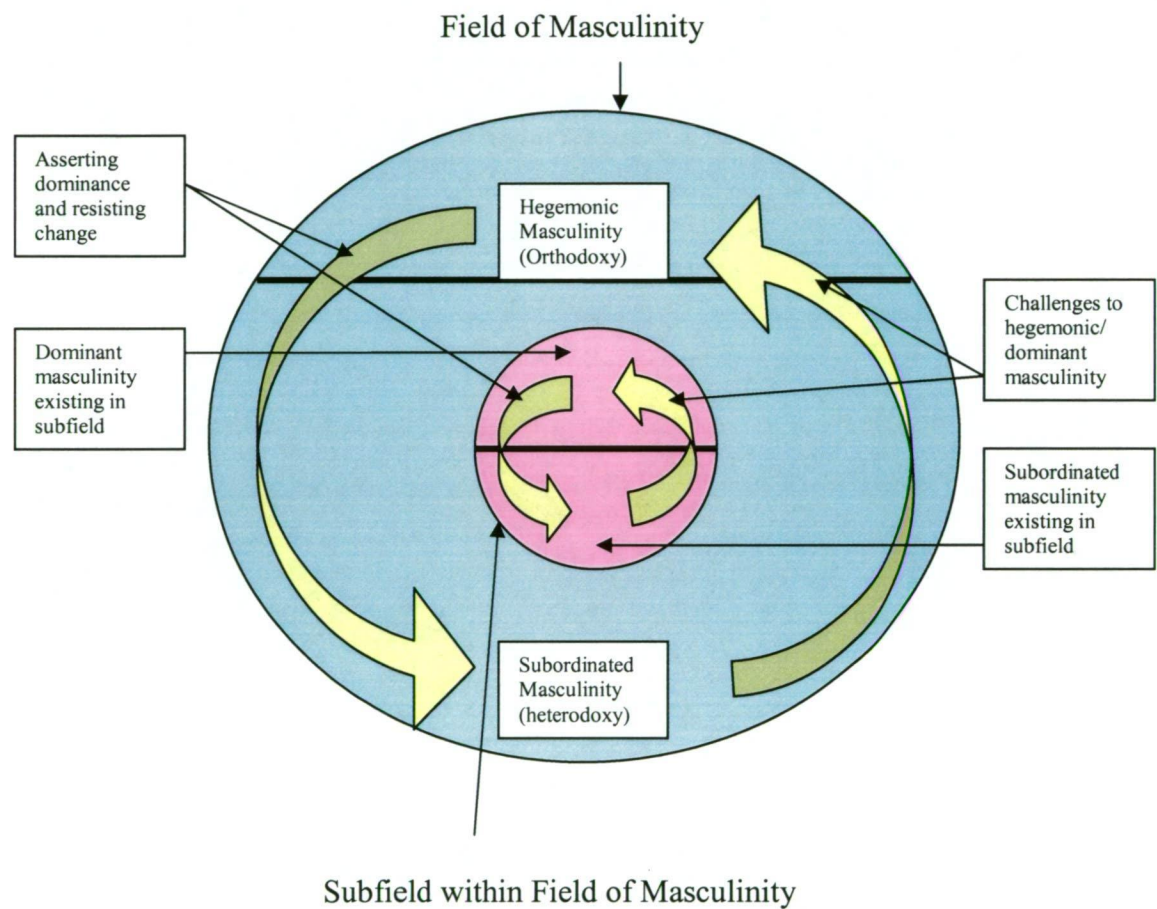
5.3.3. Subfields in the field of masculinity

For men who were subordinated by hegemonic masculinity, another strategy for negotiating their position in the field of masculinity was to focus on their dominant position within various subfields (see Figure 5.4 below). Gay men, for example, who were necessarily subordinated within the field of masculinity due to their homosexuality, negotiated their position by fixing their attention to their own valued capital in the field of gay masculinity. Here they assumed a dominant position in relation to other gay men such as 'queens' and 'fairies'. They also felt their masculinity was valid by drawing on elements of hegemonic masculinity that supported their dominant position.

In any field, a position of dominance can only exist through a corresponding position of subordination (orthodoxy versus heterodoxy) (Swartz, 1997; Smith, 2001). To justify a dominant position means that there must be others to assert dominance over. Both Yoav (22, receptionist) and Frederick (23, computer technician) used this strategy of assuming a position of dominance by undermining others in order to legitimise themselves as 'real' masculine men. Although they were subordinated in the field of masculinity for being gay, they negotiated their position by focusing on their dominant position in relation to other men in the field of gay masculinity. Within the field of gay masculinity, engaging in sexual activities with men, or being sexually attracted to men, was not seen as un-masculine. Operating in this field allowed them to be comfortable with their sexuality without it challenging their gender identity. Although Yoav and Frederick struggled with defining what it meant to be either masculine or a man, both came to the conclusion that ultimately to be a man meant not being a

woman and that to be masculine was not to be feminine. They did not see their sexuality as influencing their gender identity. Instead, they focused on behaviour (discounting sexuality) as being the determinant of masculinity and femininity.

Figure 5.4: Dominant Masculinities



As Yoav and Frederick did not dress up as ‘queens’ or assume effeminate mannerisms (limp wrists) they defined themselves as masculine. In doing so, they contextualised their situation by subordinating other men within the field of gay masculinity who did not meet their standards of masculinity. Gay men who dressed in women’s clothing or behaved in a manner that contradicted the

masculine ideal were referred to by Frederick and Yoav as 'poofers' and 'fairies'.

Frederick and Yoav did not see these men as masculine or even as male. As Yoav stated when questioned as to what he saw as being male behaviour:

Being who I am [gay] I guess you meet a lot of fairy freaky people, but that's not male. That's put on.

TC: What do you mean by fairy freaky people?

Oh, I mean a man who wants to become a woman, or a man who acts like a woman. All poofy, and that's not me. Okay, you can be gay, but that's yuck. That's disgusting. If you're a man, you're a man. You don't go off pretending to be something else just to be something else. I dunno, it's hard to explain.

(Yoav, 22, receptionist)

Yoav then contextualises his own masculinity within these boundaries by juxtaposing his masculinity against gay men he labels as fairies:

I'm masculine to the extent that I'm not a little fairy that runs around pretending to be something that I'm not. I mean, yeah, I'll get out there and I'll help around, but I'm still sort of like, I don't get into those nitty [women's] groups. I still like my cars and I'll work around the house. I'll renovate everything that's done on the house. I won't say, oh, it's too dirty, I'm not going to get my hands dirty. I'll go out into the garden and I'll dig or I'll go plant things or do some brick laying or put some pavers down. I mean if you don't want to get your hands dirty and you want to pay someone else to do it, then that's not masculine.

(Yoav, 22, receptionist)

Likewise, Frederick defines his masculinity along similar lines. When asked if he perceived himself as being masculine, he replied:

I guess I'm reasonably [masculine]. I dunno. It's just how I know things are to be sort of I guess. I guess masculine behaviour comes down to not being feminine I guess. So like people you see like fairies running around sort of thing, that's sort of not masculine. I dunno, ... I guess that's how I sort of associate it.

TC: You mentioned fairy. What makes a man a fairy?

I dunno, just someone who's got a high pitched voice and they sort of act very non-masculine I guess. They just sort of run around with weird fashion and waving their arms around. I dunno, it's hard to word it. You just sort of look at them and go, no. Do you know what I mean?

(Frederick, 23, computer technician)

Frederick and Yoav defended the physical capital that they owned (dressing like a 'man' and assuming male mannerisms associated with hegemonic masculinity) and separated themselves from other gay men whom they likened to women. In this way, within the field of gay masculinity, Yoav and Frederick were able to protect their own dominant position by using their physical capital (i.e., gait, speech, etc) to perform gay masculinity in ways that were valued within the field of gay masculinity. In turn, they debased those gay men who did not perform versions of dominant gay masculinity valued in the field of gay masculinity as such behaviour threatened the value of their own capital.

Interestingly, although subordinated by hegemonic masculinity, Yoav and Frederick drew on elements of hegemonic masculinity that added value to the capital they owned in the field of gay masculinity. Drawing on these elements helped to validate their dominant masculine position. In much the same way as those men who develop mosaic masculinities, gay men in dominant positions in the field of gay masculinity draw on those elements that privilege them in the field of masculinity and reject those aspects that subordinate them (i.e., their preference for homosexual relations).

For example, Charlie (62, retiree), a homosexual man who had always been aware of, and secure in, his homosexuality from an early age, described how he reformulates masculinity on his own terms that deliberately excludes

heterosexuality and sporting prowess. Charlie was highly critical of aspects of hegemonic masculinity that marginalised him as a homosexual man. He defended homosexual behaviour as equally masculine as heterosexual behaviour and rejected the cultural assumption that sporting 'he-men' are necessarily heterosexual. Charlie referred to those men who rely on the hegemonic standard of masculinity as 'pathetic' and 'insecure'. Charlie tied in the physicality of manual labour as being predominantly masculine. In this way, Charlie was able to focus on an aspect of hegemonic masculinity that did not challenge his sexuality and favoured the physical capital he owned in his preference for physical work in the garden. In response to questions surrounding his own masculinity, Charlie stated:

I've got a lot of my father in me, and he was a market gardener. You know, getting his hands dirty, he learned to plough with horses and all that sort of thing. He lived through the war years. And that's what I, as a kid, grew up to see as masculine. So I have a lot of that about me. The ability to use a screw driver et cetera. That comes from my father. And not being interested in sport, not being able to kick a footy around or throw a ball, not being interested in women's tits, I don't think makes me any less of a male.

(Charlie, 62, retiree)

The gay men interviewed did not see themselves as subordinated by hegemonic masculinity. Instead, they vigorously challenged those elements of hegemonic masculinity that conflicted with their lifestyle choices.

5.3.4. Supporting dominant masculinities

Men who support dominant masculinities seek security by reformulating what masculinity means to them so as to accommodate for their own differences from the cultural ideal. Although different strategies are used to negotiate the field of

masculinity (as described above), they share a common thread; they are secure in themselves and their gender identities, and confident in their abilities to redefine masculinity on their own terms that does not leave them feeling marginalised or subordinated. Habitus allows each of the men to use the capital that they have at hand to strategically negotiate fields in which they operate to give them the best chance of avoiding being marginalised or subordinated.

The lived reality is one in which practice is formed through habitus and in the field of masculinity that allow them to use the capital that they own to resist and challenge the superiority of hegemonic masculinity while legitimising their own position. They may also feel that their masculinity is dominant in relation to other masculinities depending on where they fit in the field of masculinity or within alternative subfields in the field of masculinity. This strategy allows them to feel that their masculinity is valid in relation to hegemonic masculinity and superior in relation to other subordinate masculinities. Despite being located in a subordinate position in the field of masculinity in relation to hegemonic masculinity, these men's lived experiences of masculinity are not of being marginalised or subordinated, but of being legitimate and dominant.

5.4. Rejecting masculinity

Rejecting masculinity was the third strategy used by the men interviewed to negotiate masculinity. This is not to say that in rejecting masculinity that these men operate outside of the field of masculinity. Being male and subjected to expectations of gendered behaviour these men necessarily operate within the field

of masculinity; however, they neither support hegemonic masculinity nor choose to support alternative dominant masculinities. These men lack capital valued in the field of masculinity and therefore choose to reject the concept of masculinity rather than admit to being subordinated by it. Having very little leverage in the field of masculinity due to a lack of valued capital and effectively stripped of control to define masculinity, these men took back a degree of control over their identities by choosing to reject masculinity as having substantial meaning in their everyday lived experiences.

The men who used the strategy of rejecting masculinity fell into two groups: those who rejected the term masculinity applying to them but still saw themselves as men; and those who equated masculinity with being a man and neither saw themselves as men or masculine. Some of the men, such as Roger (49, unemployed), Zachary (44, teacher) and Benjamin (45, furniture maker), were quite emphatic in denying they were masculine. For example, in response to being asked if they saw themselves as masculine, they replied:

No I don't. I see the word masculine ... is a macho type of word that you're throwing at me. I see myself as a male. I see myself as a heterosexual male, but I don't see myself as a strong man.

(Roger, 49, unemployed)

No I don't, no. I never have though, so I've never worried about having to come to terms with it. I mean, I know I am, you know, but I don't feel it. Because what I see as masculinity is blokes that bond really easily with other blokes and that sort of stuff, you know. And I just don't.

(Benjamin, 45, furniture maker)

No, I don't. I think in a lot of ways I try to think of myself asexually as a person rather than a male. I would say that I think, whether it's true or not, I think that I'm not typical of male.

(Zachary, 44, teacher)

For others, the response to the question was one surrounded by ambiguity. They either stressed that they didn't know what the term meant or how it could relate to them, or else rejected it on the grounds that they had never given thought to it.

I often wondered when I became a man. And I'm not even sure if I'm one now to be quite honest. I don't think of myself as a man, I just think of myself as a person. I never thought of myself as a man. So being masculine, I don't know what that means.

(Dirk, 52, counsellor)

I've never really considered it to be honest. I just consider myself to be an average guy.

(Steven, 56, teacher)

I'm not sure I necessarily have a sense of what it is to be a man. I'm not a hundred per cent sure. I'm not sure if that's because I've not thought about it or ... and how being a man is also how you, being that thing that is maybe opposite to being a woman or interacting with a woman. Yeah, I'm not sure.

(Martin, 49, disability pensioner)

5.4.1. Perceptions of masculinity

Often the reaction against masculinity stemmed from their own dislikes of what masculinity meant to them. Masculinity was perceived as being axiomatically associated with violence, dominance, aggression, contact sport, competition, sexual potency, and male bonding. As these were behavioural aspects that these men saw as masculine and simultaneously abhorrent, they consequently shied away from such behaviour and dislocated themselves from what they perceived as masculine. In effect, they wanted nothing to do with masculinity as it involved the very things they wished not to be and required physical capital (e.g., health, strength, endurance, potency) that they did not have. For example, when Roger

(49, unemployed) was asked to clarify what he meant by macho in the context of masculinity, he responded by stating:

It could be loud, it could be aggressive. Strong, forceful. Having the authority over the opposite sex. Having the authority over children. Having the authority over anybody.

(Roger, 49, unemployed)

These were the very same behavioural traits that Roger disliked in other men and deliberately modelled himself against. Roger went on to say:

I'm against loud people. I like quiet people. I try to see myself, or I do see myself as a very quiet person. Soft in many ways. Caring, supportive, helpful, independent, reliable, and people can depend on me.

(Roger, 49, unemployed)

For Roger, how he chose to perceive himself was the opposite of what he saw as macho, or typically masculine. This could be seen as a reaction to his current mid-life circumstances. In his youth he was physically active and would run in ultra-marathons. He was employed in a skilled, high paying job, and he was married and had children. He is now overweight and no longer physically strong or active. He is also unemployed, divorced and estranged from his children. Consequently, living at home alone and without a job, he has little authority over others.

While Roger saw himself as being the antithesis of macho and masculine, others such as Benjamin had a more difficult time coming to terms with rejecting masculinity. While Benjamin disliked what he perceived as masculine and tried

to distance himself from it, he nevertheless acknowledged that he sometimes behaved in a manner that conflicted with the rejection of masculinity.

To be honest with myself ... even though I find a lot of those masculine traits abhorrent, I know I actually have them anyway, you know what I mean, insofar as I can be just as guilty of those attitudes but I try not to. So in that, I get a sense of, I am one of them. I just try and fight it, that's all.

(Benjamin, 45, furniture maker)

It was predominantly in situations where his own masculinity was challenged (e.g., erectile dysfunction, macho behaviour at the pub) that he resorted to the strategy of rejecting masculinity.

5.4.2. Childhood abuse and violence

For some of the men, their reaction against masculinity stemmed from abuse that they had sustained during their childhood. Dirk (52, counsellor) and James (53, social worker), who were physically abused by adult men during their childhood, felt threatened by overt forms of masculinity (such as alcoholism and violence) and often reacted with violence and rage. For Benjamin (45, furniture maker), who had suffered violence within an institutionalised setting, he had reacted with fear and loathing of other men. Benjamin claimed that he felt frightened and threatened when placed in environments dominated by “macho, chest-beating” men such as in pubs or at the football.

It scares me. I'm actually frightened about it. I mean, without going too much into it, I was raised with the Catholic education system in an all-boys school. ... And I was your typical weedy, slow developing type kid, you know. So I had a horrible time. The whole place was based on, you know, rugby and be-a-man, and all that chest beating rubbish. And I was so much not that, in the head or in the body, you know. And consequently it was a frightening environment to be in for a puny, weedy, asthmatic child. So it was not the place to be. And even though objectively I can see

it was the case, I still find the whole blokey thing quite confronting. It's a frightening situation. Even though, you know, logically it's like, don't be stupid, there's no threat really. It's only a perceived threat. But it's there and on a really deep level it's hard to escape.

(Benjamin, 45, furniture maker)

Benjamin found it difficult to fit in as one of the boys at school and consequently remained trapped in believing that he failed to fit in as an adult. He rejected masculinity on the grounds that he did not feel like a "man's man" and justified his position by claiming that he found "the whole ... blokey thing absolutely abhorrent".

Dirk and James also both had difficulties in seeing themselves as men. For James, years of being sexual abused as a child left him confused as to what it meant to be a man. Reflecting on the impact the sexual abuse had on him in his formative years, James stated:

It was all about my sense of self, my identity, my sense of who I am as a male. And this is pre-puberty so that by the time I reached puberty and then into adolescence I was pretty stuffed. Absolutely shot to pieces. I was confused about what being a bloke was. I was introduced to adult male sex, or adult male homosexual sex, at an early age when I didn't know what sex was, you know. ... It was confusing.

(James, 53, social worker)

James's life took a downward spiral after the abuse. He got involved with various illegal activities, drug abuse, and even spent time in prison. James claimed that the abuse made him vulnerable to various insecurities and made him question his masculinity. Not until the issue of paedophilia received public attention and James was able to open up to others about his own abuse did he feel that he could call himself a man.

It's only recently that I felt validated in myself that I'd earned the right of passage to get into that stage. I was sexually assaulted as a kid and although I started addressing these things a long time ago, back in the '70s, it wasn't until the Police Royal Commission in New South Wales, where they looked at paedophilia ... and I felt vindicated and validated, you know. It was almost as though I can stop fightin' now. So, that validation allowed me to continue growing up. 'Cause one of the things that sexual assault does is that it stunts a kid's emotional age. So with that sort of validation with society saying this, then I finally did say something to my mother. That's when I started to call myself a man.

(James, 53, social worker)

Both Dirk and James openly associated masculinity with violence. Dirk talked of his childhood as one of “violent masculinity” that he was unable to protect himself from, often being beaten by the family’s alcoholic male boarder. Both Dirk and James refuted male violence and saw it as disdainful male behaviour that should be deplored. Yet, interestingly, both James and Dirk admitted to being prone to bouts of violence when they were pushed. For example, Dirk, who was due to resolve a conflict with an aggressive tenant who was refusing to move out, stated that if the tenant was to become aggressive:

It would rear it up in me, which I don't like it in me. I mean, we all have the potential for violence. So, say this situation today, that bloke is not going to be violent because I'll stop it if I have to. I'm not going there to do that. I'm going there to make the peace. But by the same token I don't trust this bloke and it's probably that protection that I've developed over the years of trying to protect myself. ... He's not going to harm me one way or another, you know, that's forgone. Either way, that's not going to happen.

(Dirk, 52, counsellor)

Likewise, despite James’s dislike for male violence, he readily admitted:

I've got violence in me. ... I have a capacity for violence in me that scares the shit out of me. So, and on a couple of occasions throughout my life it's actually emerged and it's been like sitting back and watching myself and not being able to stop it. ... It's like clicking into a space of no emotion, no attachment, no involvement other than to see something as a subject

for his rage. And watching that subject being raged upon while standing back from the self. Scary stuff.

(James, 53, social worker)

These men rejected masculinity for the violence it had represented in their youth. Although they had been caught up in the cycle of violence that had been perpetuated through their own actions, they deplored such behaviour. Impotent to control what happened to them in their childhood, these men had difficulty with identifying themselves as men. That they associated masculinity with violence further compounded their confusion as to reject violence meant rejecting, in part, what they identified as masculine behaviour. They were able to justify their rejection of masculinity on the grounds that it was all too often associated with aggression and violence which they wanted no active part of.

5.4.3. Erectile dysfunction and sexuality

Erectile dysfunction was another example of men feeling that their masculinity was threatened through loss of control over a situation and a loss of valued physical capital (i.e., capacity to engage in active heterosexual relations through penetration). For some of the men, divorce and the loss of their wife and child/ren was the catalyst for inducing a period of impotency exacerbated through erectile dysfunction.

I had a sexual problem of almost feeling impotent which took me about a year to recover. That was getting over a marriage break-up. It made me feel quite insecure, impotent. It lowered my self-esteem.

(Roger, 49, unemployed)

For others, erectile dysfunction came about as a result of personal insecurities that were deeply rooted in the psyche causing performance anxieties. For Benjamin

(45, furniture maker), erectile dysfunction caused him to question his masculinity. The loss of control over his erection and the subsequent incursion on his masculinity would often become so overwhelming that he would end the relationship from which he felt his masculinity was being threatened. As Benjamin explains:

You know, if I'm not thinking straight, you know, then everything shuts down. And the desire shuts down as well.

TC: Has it caused you concern or worry?

Oh bloody oath it has, yeah. That's when I suppose if any time my masculinity has been in question and I start to worry about it.

TC: How did you deal with it?

I'd get rid of the relationship. I'd get rid of the bloody problem rather than deal with the cause if you know what I mean. It was just so – humiliating 's not the word – such a bruise to the ego so to speak that denial would creep in I suppose. So you'd deny it and look for other ways of getting around it rather than actually dealing with the problem itself. And then you just start thinking, oh well, it's just your age. You're getting to the point where you just fade out. But I think that's also just an excuse. So, but I've never been a sexually confident person and that's gone right back to puberty and school. So you, I've always felt inadequate on that level. So yeah, I've gotta be in a relationship for a while and feel really comfortable before it's an easy task. And that's how I see it initially, as a task.

TC: Did you feel less of a man for it?

Yeah, I suppose I must have. Yeah, yeah I did. I felt less masculine. Because it is the physical component of masculinity, I felt less than a performing male on that level. But then when comfort comes in a relationship, then the physical side of it has been brilliant. Once I'm not threatened then I'm fine. Then the masculinity level is ... I don't have any question about it.

(Benjamin, 45, furniture maker)

Sexual performance was often heavily tied into their own perceptions of masculinity. As Benjamin noted, sexual performance was equated with being the

“physical component of masculinity”. To be sexually competent was recognised as valued physical capital in the field of masculinity.

Rejecting masculinity seemed to be a common strategy of dealing with erectile dysfunction. By rejecting masculinity, they did not have to deal with difficulties of feeling less masculine due to a devaluation of their physical capital through erectile dysfunction. Interestingly, once Benjamin was comfortable in a relationship and his masculinity was not challenged, then the erectile dysfunction was no longer a problem and he did not feel the need to question or reject his masculine identity. Being competent sexually left him feeling more comfortable with his masculinity as he was able to regain physical capital valued in the field of masculinity.

5.4.4. Difficulties bonding with men

Men who used the strategy of rejecting masculinity often found it difficult to develop close friendships with men. They either found it difficult to relate to men - particularly those who epitomised the hegemonic ideal - or else they found that men had little to offer in the way of intimate homo-social relations.

I don't have a lot of friends. I don't go out a lot. I don't particularly enjoy going out a lot. That's just me I think. I find those sort of friendships a bit boring really. I find the normal conversation trivial, if not boring. ... So there are times when I feel a bit depressed because I get a bit annoyed with the trivial nature of most things.

(Zachary, 44, teacher)

I have very few male friends and lots of female friends. The whole macho, chest beating, sort of male behaviour I find abhorrent. And that's why I find hotel pubs frightening places on some level. You know, I do. I'm not a

man's man, put it that way. I know that, you know. On the whole, I find that whole footy, blokey thing absolutely abhorrent, I really do.

(Benjamin, 45, furniture maker)

Unable or unwilling to form deep, personal friendships with men, they often found comfort through close friendships with women. Women were able to offer them emotional intimacy and a deeper level of communication that they felt they could not achieve with men.

Yes I have a couple of close female friends. ... I guess - this is like a horrible generalisation - but females have more of a greater tendency to talk about relationships, emotions. ... I think that's something that [men] don't do. But then again I don't associate with many men so I don't know.

(Martin, 49, unemployed – disability pension)

I just find men as a whole have a great lack of sincerity for some reason. And I know that's a very broad statement because I have some good male friends, don't get me wrong. But generally speaking, I find the conversations with men very limiting, you know, as far as you don't go here or you don't go there. Whereas with women you can talk about anything.

(Benjamin, 45, furniture maker)

As these men rejected masculinity and looked for alternatives to defining themselves, so too did they reject male company that reflected masculine behaviour they disliked. Male bonding was seen as shallow and trite, revolving around drinking and football – the very modes of behaviour that they themselves were deliberately removing themselves from. Female friendships that were devoid of physical intimacy were easier to handle as the men's identities were not as likely to be challenged.

They were, however, particularly keen to emphasise that although they preferred female friendship that had an asexual status that they were still heterosexually

orientated. While they rejected masculinity and blokey homo-social behaviour, they did not want to be seen as either effeminate or homosexual. For example, Benjamin responded to the question of whether he thought of himself as masculine or not by stating that he knew he was but that he didn't feel it. When asked what he meant when he said that he knew he was masculine, he replied:

Well, I suppose basically it's in a heterosexual sense in as far as I know I'm attracted to women and all that sort of stuff.

(Benjamin, 45, furniture maker)

Likewise, when James (53, social worker) talked about his desire to live on his own, he continually backtracked on what he had said in order to emphasise his sexual preference for women to ensure he would not be confused with being gay:

I don't want anything to do with cohabiting with a woman, or a bloke, not that I'm interested in blokes, but I'm not interested in cohabiting with a woman. I avoid intimate relations with, intimate personal relations with women, and men. Not that I'm into men.

(James, 53, social worker)

It seemed important to these men to emphasise that although they did not see themselves as masculine, they were not gay. The implication is that these men equated masculinity and maleness with heterosexuality and that they did not want to be seen as gay by default of their rejection of masculinity. Although they rejected masculinity, their emphasis on their own heterosexuality only served to reaffirm that they operated in the field of masculinity regardless of their preference for removing themselves from such a position. While rejecting the term masculinity as having meaning in the context of their own lives they were doing so in the context of definitions of masculinity bound within the field of

masculinity, thus making them irrevocably bound to the field of masculinity and to their subordinated position therein.

5.4.5. Willing the inevitable

The men who rejected masculinity tended to have very little capital that was valued in the field of masculinity. They did not play or watch sport, they avoided drinking and homo-social environments such as pubs, they did not have bodies that matched the physical male ideal that epitomised hegemonic masculinity, nor did they have the economic or cultural capital to compensate for their lack of physical capital. Constrained by lack of capital and with very little leverage to challenge hegemonic masculinity or other dominant masculinities, these men took control of their identities by rejecting masculinity as meaningful in their everyday lives. They chose to reject what had been denied them; in effect willing the inevitable. Rather than resist and be subordinated by hegemonic masculinity these men felt empowered by choosing not to define themselves by hegemonic standards and rejecting masculinity as a social construct forced upon them.

Losing control in an area of their lives that damaged how they perceived themselves as men and masculine seemed to be common for all of the men who rejected masculinity. For some men, it was the loss of their wife and/or child/ren as a consequence of divorce. For others it was the loss of control of their sexual potency through erectile dysfunction. Yet for other men, loss of control came about during their youth when they were abused and left powerless to control their circumstances. In rejecting masculinity, each man was seeking to take back some of that control wrested from them. Unable to feel an affinity with other men

or a connection with masculinity, these men preferred to reject masculinity rather than be rejected by it.

5.5. Conclusion

The strategies that men used in the field of masculinity were often heavily dependent on the capital that they owned and how it was valued in the field of masculinity. In turn, the capital itself was heavily contested. Those that owned the capital that was valued in the field of masculinity tended to defend their dominant position, while those with capital that was not as well valued would challenge the status of valued capital and lend support to their own capital.

Unsurprisingly, those men who supported hegemonic masculinity as a strategy to negotiate the field of masculinity tended to have a vested interest in doing so in that they owned (or saw themselves as having the potential to acquire) the capital (physical, cultural, social and economic) that was valued in the field of masculinity. They had the capital that allowed them to perform hegemonic masculinity which in turn gave them social status and privilege by epitomising the male ideal. In particular, they had the physical capital of a youthful, athletic, able-bodied male body that represented hegemonic masculine traits such as strength, tenacity and competence.

For men whose capital was not highly valued in the field of masculinity, supporting dominant masculinities in alternative subfields was the preferred strategy. Instead of being subordinated or marginalised by hegemonic

masculinity, these men found strategies that enabled them to take up dominant positions in subfields within the field of masculinity that openly challenged hegemonic masculinity. The subfields they engaged in valued the capital that they owned and lent legitimacy to their dominant status.

The strategy of rejecting masculinity was used by those men who were furthest from the hegemonic ideal and owned the least valued capital. Unable to gain privilege or status in the field of masculinity and with little opportunity to challenge hegemonic masculinity, these men tended to will the inevitable and reject masculinity. In effect, these men take control of a situation in which they appear to have seemingly little control. They are subordinated by hegemonic masculinity and other dominant masculinities and therefore reject them as having any substantial meaning in their lives.

In considering how men negotiate masculinities, however, other variables need to be considered. Health and ageing, for example, have the potential to affect how men negotiate masculinities. The next chapter will look at the ways in which men negotiate masculinities, health and the ageing body, where each impinges on the other.

CHAPTER SIX

Health, Ageing and Masculinities

6.1. Introduction

Within the field of masculinity men use a range of strategies to negotiate their position depending on the capital that they possess and how it is valued. Of the men interviewed for this research, men with capital valued within the field of masculinity tended to support hegemonic masculinity due to the status that they gained from their privileged position in relation to other men. Even men who didn't meet the standards of hegemonic masculinity were inclined to support hegemonic masculinity provided they saw potential value in their capital or believed they had potential to acquire valued capital.

The majority of men, however, did not wholly support hegemonic masculinity. They often supported elements of hegemonic masculinity that favoured the capital that they did own, however, they tended to be critical and challenge those elements of hegemonic masculinity that relegated them to a subordinate position in the field of masculinity. These men negotiated masculinity in ways that privileged their own masculinity as dominant in relation to other masculinities. For other men who did not have the capital valued in the field of masculinity, rejecting masculinity became a strategy to overcome their poor status and relegated position in the field of masculinity.

Yet how capital is valued in the field of masculinity shifts and transforms as hegemony is challenged by other dominant and subordinate masculinities. This has the potential to relocate men in the field of masculinity. Furthermore, individual capital will change in value over the course of men's lives. For some, valued capital will be acquired thus enhancing their position in the field of masculinity (e.g., a job promotion leading to greater wealth and economic capital), while for others the loss of capital will mean that their status is relegated to a more subordinated position (e.g., retirement leading to a loss in social capital as a result of lost business networks).

For many men, health and ageing prove to be integral to the strategies they use to negotiate masculinity. Where the healthy, youthful male body is prized as valued physical capital in the field of masculinity (see chapter three), how one's own body fits with the hegemonic ideal can affect one's position in the field of masculinity. Hence, some men go to great lengths to maintain a healthy and youthful appearance while other men are prepared to neglect their health to protect their capital and their position in the field of masculinity. Yet age inevitably catches up with men and erodes the capital of their once youthful bodies and eventually displaces all men in the field of masculinity.

The two areas focused on in this chapter are health and ageing. This is not to deny the importance of other variables such as class and ethnicity in their impact on men's masculinities. However, class, disability, ethnicity and sexuality have all been extensively covered in the sociology of men and masculinities (for example, on class see Connell, 1987; Donaldson, 1991; O'Donnell & Sharpe,

2000; Morgan, 2005; on disability see Charmaz, 1994; Gerschick & Miller, 1994; O'Neill, 2002; McIlvenny, 2003; on ethnicity see Segal, 1990; Staples, 1995; Futoshi, 2005; Gutmann, 2005; on sexuality see Connell, 1995; MacInnes, 1998; Messner, 2001; Plummer, 2005) whereas the influence of age and ageing, as well as changing health status over the life course, have been perennially overlooked or left at the periphery of the study of men's masculinities (Thompson Jr., 1994; Whitehead, 2002). Consequently, this research has focused on the relationships between ageing, health and masculinities in order to explore new ground in the field and make a significant contribution to the study of men's masculinities. This chapter begins by looking at the correlations between health and masculinities before moving on to consider the ageing body and masculinities.

6.2. Paradoxes of health and masculinity

Masculinity and health are joined together in a complex relationship. The hegemonic ideal of masculinity is represented by the healthy male body: a body that is free of disease or illness; a body that is strong and can function at peak performance; a body free of disability and where pain is managed or controlled (Brown, 1999; Watson, 2000). Furthermore, good health is also equated with other valued masculine traits such as responsibility that comes with taking care of oneself and self-control over one's body and one's environment to ensure that one does not suffer from poor health as a consequence of illness or disease (Turner, 1992; Scott & Morgan, 1993; Annandale, 1998).

Yet while hegemonic masculinity is epitomised by the 'healthy' male body (able-bodied, strong, free of disease and able to operate independently) as the ideal and encourages men to engage in 'healthy' and active pursuits such as competitive sport and resistance weight training, men also paradoxically risk their health for the sake of a healthy image and/or to protect a masculine image of independence and control (Fussell, 1991; Klein, 1993; Bloor et al., 1998; Hardey, 1998; Morris, 1998; Laura, 1998). Thus, while health may be an important aspect of one's masculine identity, it is often only important in a very superficial context. To appear healthy and maintain the value of one's physical capital in the field of masculinity is often more important than health itself.

Moreover, where health conflicts with performing masculinity, men are often prepared to renegotiate what health means in order to protect a masculine identity. For example, some men may consider smoking to be beneficial for their health in that it relieves stress, or that it acts as a social lubricant and allows them to engage with others, thereby justifying smoking on the grounds that the positives outweigh potential negatives. Thus, what it means to be healthy can be negotiated by individuals. As neither masculinity nor health are constants, either may be negotiated by individuals to suit their own particular circumstances within various fields. It is this relationship between health and masculinity, and the ensuing tensions and paradoxes that will be focused on below.

6.2.1. Being masculine, looking healthy

Many of the men interviewed were more interested in 'looking' healthy than 'being' healthy and exercised and dieted because of personal insecurities relating

to their bodily appearance rather than a genuine interest in their health. Promoting the idea that one is driven to strive for health and fitness is viewed far more positively than to admit to having narcissistic tendencies and being self-obsessed with one's looks. Thus, many men are happy to conform to the idea that they are working on their bodies for the sake of their physical health rather than suggesting that they are working on their bodies to live up to a particular image of the ideal male.

Although there were numerous meanings attributed to what 'health' meant to the men interviewed, bodily health, physical appearance and body image were themes that were particularly dominant. For some of the men, health revolved entirely around the body and appearance. While mental health and health in relation to wellbeing were discussed, they tended to be grounded in how they presented themselves and maintaining an appearance of physical health. Typical responses to the question "What does being healthy mean to you?" for these men included:

I think being healthy means being at least at a level of fitness that you're happy with. That doesn't have to mean I'm an iron man. It means that I can walk from here to uni, from here to home and not get too out of breath and puffed and all that sort of stuff. That would be healthy. And yeah, I'd be lying if I said looking healthy wasn't important to me as well. I would like to think that you know, I don't look like I'm overweight you know. I still look relatively young. I mean I'm twenty seven but I've actually had a lot of people say that they think I look twenty three or twenty four so that's part of being healthy. And probably just thinking healthily definitely. Because you know you meet so many people in life that are just always down and depressed about everything I guess and certainly when I was younger I went through a phase like that for awhile. And I think just being able to think happily is all part of being healthy.

(David, 27, student)

I think healthy to me is getting enough exercise. Being fit and active enough to have those options. So if you want to go for a bushwalk, you can go for a bushwalk. If you want to walk along the beach you can walk

along the beach and you won't be out of breath. Health is tied up with your body image as well. So to me being healthy is being comfortable enough to take off my clothes in front of most crowds and I guess not feel too self-conscious about it.

(Quentin, 26, social worker)

Oh, well being healthy isn't always quantifiable you know. It's having that spring in your step when you wake up. It's feeling positive about the day and what lies ahead. And when you feel good you look good too. People who are healthy look healthy.

(Jacob, 68, retiree)

While it may appear obvious to discuss the body in relation to health due to the emphasis that Western medicine places on physical illnesses and diseases (Brown, 1999; Watson, 2000), many of the men interviewed were less interested in health as being free of disease and illness as they were in what physical appearance suggested about a person's health and their way of life. For example, Aaron (50, unemployed), who had hemochromatosis and had recently had a tumour removed from his brain, believed that his health was better than many of his friends of a similar age because he 'looked' healthier. Although his friends had never suffered any major health complications, Aaron used his friends and his brother as examples of unhealthy people because of how they looked.

Pallor, dirtiness, smelliness, laziness are all indicators of unhealthy to me. You see, I don't think Barney's healthy. He doesn't look healthy. He's got a belly, slow moving, he's untidy. But nothing goes wrong with him. So it's peculiar. And we laugh about that. I say I'm the one who looks in good health and yet I'm the sick one. My brother drinks stupidly and smokes, but, nothing goes wrong with him. So who's in good health? I mean I think I'm in better health than him but I might have more serious problems.

(Aaron, 50, unemployed)

Aaron draws closer parallels between health and wellbeing than he does between health and illness in relation to his own personal experiences of health. He

considers himself to be in good health even though he suffers from various physical ailments due to his hemochromatosis because he believes he looks healthy in relation to his peers.

Aaron liked to exercise to keep his stomach flat and his muscles toned, he trimmed his eyebrows and shaved his chest hair to maintain a neat and tidy appearance, and he liked to wear nice clean clothes, all of which was designed to ensure that he 'looks' what he considered to be healthy. Aaron was also quick to associate looking healthy or unhealthy with patterns of behaviour. He saw himself as a neat and tidy person exemplified by his appearance which he associated with being healthy. Those who are overweight and are less inclined to present themselves neatly he viewed as lazy and dirty, and ultimately unhealthy.

Likewise, Thomas (58, financial consultant), a man who regularly went to the gym and always kept up a neat appearance in public (just in case he met one of his clients in public) also relayed during the course of the interview that he believed health to be heavily associated with appearance.

I think there's – you know, somewhere along the line we're talking about health – and I think there's generally a bigger percentage of guys who don't look after their health as well as women do. I think women are certainly more conscious of their health and that probably comes back to being more conscious of the way they look. Whereas guys, a lot of guys don't care. And you know, I've got a mental picture of somebody you know in their blue singlet and their big beer gut and the belt hanging around the bottom of the gut. And I think that's a shame because it's not a pretty sight and ... some women look like that too, unfortunately. But, I think there's more guys as a percentage of the population. So that comes back to really pride. Taking pride in how they look.

(Thomas, 58, financial consultant)

Thomas focused on both the physical attributes of men (i.e., the beer gut) as well as the way that men present themselves with their clothes as an outward sign of a man's health. He made the assumption that a man who is unhealthy displays behaviour that suggests that they do not take pride in their appearance. That women are more likely to take care of how they look and are more self-conscious of their appearance in public compared to men is a reason why Thomas believed women are generally healthier than men. Thomas believed that if men took better care of how they looked and took 'pride' in their appearance then their health would improve.

Mervin (39, bar manager), too, drew on the appearance of others as examples of poor health. He found it difficult to understand how people could let themselves get out of shape and judged them harshly according to their appearance.

I mean you see it here [the bar] all the time. They just sit there for hours feeding money into the [gambling] machines. They don't do anything. ... It's no wonder so many of them are fat. They just sit there and drink beer and eat crap from a vending machine. It's quite unbelievable. I mean, don't they have a mirror at home? Can't they see what they're doin' to themselves? It's really quite disgusting. They're just so overweight and unhealthy. ... And I don't feel sorry for them at all. I mean, it's their own fault, isn't it?

(Mervin, 39, bar manager)

Mervin equated overweight with being unhealthy. Like Thomas, he also viewed them as lazy for failing to take pride in their appearance. Without knowing personal details about the overweight men, Mervin was quick to apportion blame claiming that fault lay with the individuals. This may have partly rested in the fact that Mervin's job demanded long hours and often physically demanding labour associated with heavy lifting involving stock that kept him in relatively

good shape. His job, in essence, provided him with the opportunity to build a strong and fit body that in turn skewed his own vision of others and their health.

While the appearance of others was used as an indicator of health, the men interviewed also discussed their own bodily appearance in relation to health. For example, Victor (56, small business owner) talked about going to the gym on a regular basis to do both cardiovascular workouts and weight routines as important for maintaining a healthy body. He claimed that going to the gym three to four times a week helped him to both look and feel better.

Well, I feel better. I feel healthier. I feel I get rid of stresses. I sleep better. I feel like I'm looking after myself and that I look better for it. That's important. I'm looking after myself and I'm working on my health, yeah. You know, if I didn't go to the gym, if I didn't exercise, I would think I wasn't looking after my health. So yeah, that pushes me. And I think it didn't worry me so much when I was thirty because I was healthy anyway. But as I'm ageing it's becoming more and more important.

(Victor, 56, small business owner)

Victor believed that he was looking after his health by building a body that looks healthy. By maintaining a regular exercise program, Victor was aiming (consciously or otherwise) to project an image of a man in a positive state of physical health, which in turn he viewed as good for his personal wellbeing.

As discussed in chapter three, health is particularly valued in the field of masculinity in relation to physical capital. Having a body that is free of disease and illness is symbolic of hegemonic masculine ideals such as independence, strength, invulnerability, toughness and control. Therefore, by working on their bodies to look healthy, these men were adding to, or maintaining the value of, their physical capital in the field of masculinity. Furthermore, by describing

others who did not fit the physical image of the healthy male as unhealthy, dirty, and/or lazy they were in effect devaluing the physical capital of others in the field of masculinity. Overweight men in particular were described as unhealthy and far from the physical ideal, effectively suggesting that they were weak, vulnerable and lacked control over themselves; the antithesis of traits valued in the field of masculinity. Even though the men interviewed may have suffered from poor health through disease and illness they still sought to project an image of health valued as physical capital in the field of masculinity.

6.2.2. Body image, health and masculinity

Concern over body image also has the capacity to affect men's health (Wienke, 1998; Grogan, 1999; Spitzer et al., 1999; Pope et al., 2000). While some of the men interviewed felt that maintaining a healthy body in line with the hegemonic ideal made them feel better about themselves and contributed to their positive self-esteem and overall wellbeing, others suffered from poor health due to being overly concerned with maintaining a healthy, masculine body. Even though some of the men were physically fit and relatively healthy, they described themselves as having poor health due to depression and self-esteem issues associated with their body image. These men found themselves in the difficult position of trying to fit an ideal body type that is not easily achievable, but nevertheless is highly valued in the field of masculinity.

Frederick (23, computer technician), for example, talked openly about feeling dissatisfied with his appearance which in turn led to poor self-esteem. Frederick frequented gay clubs where men often took their shirts off to dance topless and

show off their sculpted, muscular bodies. As Frederick felt he did not satisfactorily meet this image, he became very self-conscious of his appearance in this environment which exacerbated his dissatisfaction with his body image. Even though he swam regularly and 'looked' healthy (i.e., fit and lean), this was inconsequential in terms of how he felt about his body and how this manifested itself in depression and personal anxieties. When asked if he believed body image was important for his health, Frederick replied:

I guess so. If you're unhappy with your body then you're not going to be overly happy with your self-esteem and everything going out. I suppose I'm not totally happy with it at the moment. In my head I suppose I still sort of think in a situation where you might take your shirt off or something like that I feel uncomfortable. Especially if you see people there who look really good without a shirt on. And you compare that sort of thing and it worries me a bit. In my head I'm still sort of self-conscious in some ways.

(Frederick, 23, computer technician)

Late in the interview, Frederick went on to mention that how he felt about his bodily appearance directly impacted on his mental health. When asked what he considered to be important for his health and wellbeing, Frederick stated:

I suppose the most important thing is mental health. Being happy with me in general. And I suppose there are a lot of things to that. Physical appearance, I mean, looking in the mirror and saying I'm happy with that. That also plays on the mental thing. So being happy in my mind I guess is the biggest concern.

(Frederick, 23, computer technician)

Within the field of gay masculinity the idealised smooth, youthful, well toned body is highly valued as physical capital for its sexual desirability. It is hardly surprising therefore that Frederick, who operated ostensibly in the field of gay masculinity and saw himself as being particularly masculine, felt pressure to conform to an ideal body valued as physical capital. For Frederick, attaining a

body type valued in the field of gay masculinity would provide him with status and privilege over others in the field of gay masculinity. He was therefore keen to support the dominant ideal despite not quite meeting up to it. He saw potential with the physical capital that he owned and sought to work on his body to meet the ideal. However, in trying to match up to the ideal, Frederick's own mental health suffered as a consequence in relation to his body image and self-esteem.

Other men interviewed, however, sought to improve their mental health by shying away from body image concerns. Far from the ideal image, these men looked to reject the culturally perceived ideal image of the well toned, lean male body and instead focused on being happy with their current body shape. For example, Yoav (22, receptionist) who found it difficult to put on weight, particularly lean muscle mass, emphasised how important it was for his overall sense of wellbeing to be happy with what he looked like.

You've gotta be happy with who you are and what you are. You've gotta understand that who cares what any other person thinks is their image, because every image is different. If that's what you want to be, that's who you want to be. That's about it.

(Yoav, 22, receptionist)

Similarly, Frank (31, student) recognised that health and body image are integrally linked, particularly in relation to mental health and wellbeing. Frank believed that some men who go to the gym may be suffering from body image insecurities that are far from healthy. When asked what he thought a healthy man would look like, Frank replied:

It's interesting because I think a healthy man isn't necessarily someone who's incredibly buff. I think again, that's one of those things about getting older that when you're young you think healthy equates to no fat

on you, lots of muscle, killing yourself at the gym and that sort of stuff, and I think you realise that that's not good healthy. ... And I actually think health isn't just physical, it's mental too. I think you can have a fit body but a lot of the time you mightn't feel fit just because you're depressed. Like when I was younger I was doing more exercise but I was terribly concerned about being overweight. So you have to have the two. You can't have the two separately.

(Frank, 31, student)

Frank (who had an endomorphic body shape) and Yoav (who had an ectomorphic body shape) were both far from the mesomorphic physical ideal of the lean, smooth, muscular male body. Not having the capital valued in the field of masculinity (and in the case of Yoav, the field of gay masculinity) meant that they challenged the value of the hegemonic ideal body type. They challenged it on the grounds that being obsessed with achieving the ideal body type was unhealthy and narcissistic; traits that are not valued in the field of masculinity. In turn, they deflected attention away from their own bodies and lack of valued physical capital by focusing on their health and wellbeing in relation to their body image; they claimed to be content with their bodies and saw this as more important than worrying about trying to lose or gain weight. Both Yoav and Frank saw themselves as being healthy, confident and unconcerned by narcissistic values; traits valued in the field of masculinity.

6.2.3. Risk taking and masculinity

Risk taking is highly valued as a masculine activity, being associated with bravery, fearlessness, toughness and strength (Courtenay, 2000: 110). Risk taking behaviour amongst the men interviewed involved discovering one's limits and pushing boundaries (e.g., playing competitive sport while injured, consuming drugs excessively such as alcohol and marijuana), and was often heavily

associated with the body and identity. Avoiding health check-ups with health professionals was also common amongst men.

Risk taking behaviour afforded men the opportunity to prove themselves as masculine. Sport, in particular, appeared to be an arena in which men could successfully lay claim to their masculinity through risk taking activities. They were prepared to take on the risks of serious injury for the chance to compete and show how fearless they were. For example, Steven (56, teacher) in his youth, had aspirations of becoming a professional racing cyclist. He considered injuries and road accidents as hazardous to his health, but it never deterred him from cycle racing and taking risks to meet his personal objectives.

I guess, you do have a sense of fear, but I never let that fear overcome my objective. And at that particular time, my objective was to train hard and to race hard. And to do what I wanted to do, and the cars or anybody else on the road didn't stop it. That was it.

TC: What was the objective?

To get to peak condition. Yeah. I had certain ideas about training. My own ways and methods of training. And I stuck to them rigidly. Lots of discipline. It wasn't hard to do because I liked it. I enjoyed it. Just that some cars got in the way.

(Steven, 56, teacher)

It was not until a serious cycling accident left him unconscious in hospital and suffering permanent spinal and hip injuries that Steven gave up on aspirations of racing professionally.

Mateship was also seen to be an important element in sport. Eugene (31, porter), likened rugby to warfare in which mates help out their mates, even when they themselves are injured or threatened with injury. Eugene admitted to having

played with a broken nose, a broken hand, and broken fingers, because he did not want to let the team down by backing off. Only after he broke his ankle and was sidelined for six months did he give the sport away.

Taking risks in contact sport and wearing injuries was also seen as desirable. Edgar (19, student), for instance, mentioned that injuries were good because they showed that a person threw everything into what they were doing and they showed no fear doing it. Injuries and scars were worn like badges of honour to prove that one could take the punishment as well as any other man. They were a sign of how tough and fearless they were. Involved in full contact martial arts, Nathan (42, porter) reflected:

When I was younger ... like I used to have braces and I used to have to go to the dentist nearly once a week to get 'em put back in 'cause the arts were so physical. You know, like we really used to pound into each other and you know, having a bloody nose or whatever was just the norm, you know. ... Like you look at another person and they've got a blood nose and think, 'well if it's good enough for him, it's good enough for me', sort of thing, you know. And, I think you just accept it and think, 'oh well'. It's just one of the things that you have to go through.

(Nathan, 42, porter)

It was far better to take the injury than to be seen to back down, appear weak or fearful. Physical health came second to masculine pride and using the body to prove the value of their physical capital in performing masculinity.

Substance abuse was another area in which men sought to engage in risk taking behaviour to prove themselves as men. As mentioned in chapter five, excessive alcohol consumption and violence were viewed by many of the men interviewed to be particularly masculine, whether one approved of it or was appalled by it.

For some of the younger men in particular, ingesting large quantities of alcohol and/or drugs was seen as an opportunity to prove themselves and push their limits.

I was drinking at least a bottle of bourbon and a six pack of beer I think in a night. I just drunk far too much. I would do that every weekend, twice a week or three times a week. And there were other illicit drugs there too at the same time. Amphetamines, that kind of thing. I was really messed up at that stage. I was going out and getting into fights.

TC: What were your reasons for wanting to do that?

I think that was a masculinity thing. I think I just wanted to prove myself. Yeah, I think I was just trying to prove that I could physically handle it.

(Eugene, 31, porter)

There was also often a competitive edge to taking drugs and alcohol. Frank (31, student), for example, noted that during his early twenties when he was playing competitive field hockey, the competition would not end with the final whistle, but was carried on to the pub and parties afterwards. Here they would compete amongst themselves and with the football players by drinking as much as they could. Frank stated that he did not worry about the damage he was doing to his body and was unconcerned when he began passing blood with his urine as he had a reputation as a 'master skuller' (ability to drink beer at a rapid rate) to uphold.

I think it was like you were trying to prove something when you were drinking. And yeah I think a lot of it was like hanging out in a group with the hockey team and that, it was like lifting your status within the group and within the team. So it wasn't necessarily what you did out on the field, but also how many beers you drank at the party afterwards. You know, so there was competition between us and the football players.

(Frank, 31, student)

Just as Eugene felt a sense of duty to his team mates to go into battle playing rugby with or without injury, so too did Frank feel that he had to engage in binge drinking behaviour with his field hockey mates in a competitive manner.

The thrill of engaging in risk taking behaviour was also seen to be a reason in itself. There was a sense of achievement with beating the odds and euphoria in doing something either dangerous or prohibited. For instance, James (53, social worker) mentioned that during his early twenties he loved breaking into chemist stores and stealing drugs and shooting up whatever he could get his hands on.

Nothing better than having a shot of smack. Morph sulphate or morph and coke or something like that. You know it's great stuff. There's nothing better than going out and getting into a chemist shop late at night and getting the safe and getting home and opening it up and finding all the goodies and that sort of thing. It's terrific fun. It's a great sense of achievement. And you basically spend twenty four hours a day, seven days a week doing that.

(James, 53, social worker)

Physical health was less of a consideration than the joy and happiness he derived from stealing drugs and injecting them to get high. Despite witnessing friends dying from drug overdoses, being exposed to Hepatitis B and C, coming close to having his arm amputated after missing a vein while shooting up, and being imprisoned for a variety of drug related crimes, James enjoyed the thrill far more than the potential damage he was doing to himself. When asked if he worried about the possible consequences of drug abuse, he replied:

I don't think so much – I can only speak for myself but I know a lot of people have this same attitude – you don't worry about it. You're aware. But like you said, it's risk taking behaviour, you know. And in your twenties and you're a bit of a young bull, and you've still got your health and so you overdose or your arm blows up or something like that, and you go along and things get fixed up. And the next day it's all back to where you were again.

(James, 53, social worker)

During his youth, risk taking behaviour was what he considered life to be about. He also mentioned that risk taking behaviour and the confidence involved was a particularly masculine trait. It was about being brash enough to take the world on and get away with it.

Henry (31, human resource manager), too, thought of himself as invulnerable to harm in relation to the consumption of drugs. Even though he saw the damage drugs were doing to others he continued to take risks and use drugs.

When I was at uni I used to do a fair bit of drugs. Mainly dope and acid and stuff. Whatever was around I would take. I can remember buying rohi's [Rohypnol] from a complete stranger once and taking them. I mean they could have been anything, you know. I was an idiot. But I just didn't think about the consequences back then. It was like they didn't matter, or like, nothing's gonna happen to me. ... I know some of my friends ended up [with a drug problem]. But again, that was them and they weren't me.

(Henry, 31, human resource manager)

Although both Henry and James recognised that there were potentially dire consequences involved with hard drug use, they both were prepared to take the risks believing that they were strong enough to do so.

In the field of masculinity, risk taking behaviour is rewarded. Using the body to engage in risk taking behaviour increases the value of one's physical capital and one's status in the field of masculinity. Toughness, fearlessness and bravery are traits associated with hegemonic masculinity and valued accordingly. Engaging in risk taking activities is therefore encouraged as a means of proving one's masculinity. In taking risks through pursuits such as body contact sports and substance abuse, these men were actively performing hegemonic masculinity. They were prepared to forego their health for the sake of meeting social

expectations of masculinity. This was particularly evident in the cases of Frank and Eugene who viewed putting their physical wellbeing on the line as an obligation: they were obliged to engage in risk taking activities for their mates and to maintain a masculine appearance of being invincible, strong, tough, competent and fearless.

6.2.4. Eat, drink and be merry

Although superficially it appears that risk taking behaviour is oppositional to health and healthy lifestyles, some of the respondents viewed risk taking as a healthy choice in the context of their own lives. As Watson (2000, 65) notes in his own study into lay understandings of men's health, often men felt that engaging in behaviour that was potentially damaging to their health, such as smoking or excessive drinking, was a pleasurable experience that they maintained was important for their wellbeing. Thus, where health professionals may suggest a course of action that avoids risk taking behaviours for the benefit of men's health (Laura, 1998; Pattison, 1998; Kirby, 1999), some men may feel that avoiding such behaviour may be more damaging to their health in relation to their wellbeing and autonomy. Consequently, some men either continue engaging in a range of risk taking behaviours despite warnings from health professionals, or else they avoid consulting with health professionals.

This viewpoint was also shared by some of the men interviewed. Some of the men enjoyed vices such as alcohol and cigarettes and regarded them as healthy pursuits in relation to their quality of life, despite the potential for long term health complications as a result of their lifestyle choices. In fact, health was often

defined along the lines of enjoying life and being able to do whatever they wanted to do. Limiting lifestyle choices based on the opinions of health professionals was seen as unhealthy because it was so restrictive. Bert (45, disability pension) summed this attitude up best when he said:

You can be the most healthiest person in the world and insofar as you haven't got diseases and you haven't got a cold and you know, you're not susceptible to them. But if you live in a bubble and have no mental stimuli then you may as well be dead. ... Health is the ability to say to your friends, oh well, we're having a party or we're going to here and being able to do that. That's just as much part of your wellbeing as just going to the doctor and taking all your vitamins and making sure your diet's right and making sure you don't smoke and you don't drink and you don't eat this because we may think that it could be a carcinogen. ... I mean, I'd rather have quality of life, not quantity. That's my philosophy.

(Bert, 45, disability pension)

The men were very well aware of the potential risks involved in their lifestyle choices. They readily discussed the increased chances of cancer and circulatory and respiratory diseases that have been directly linked to tobacco smoking; the problems associated with obesity and high cholesterol levels leading to diabetes, stroke, and heart disease; cirrhosis of the liver as a consequence of heavy drinking. Yet as long as they enjoyed consuming these products they believed the benefits outweighed any potential health deficits.

I know what harm smoking does to you. It's a carcinogenic. There's over eighteen hundred chemicals that I inhale into my lungs every time I have a fag. But I enjoy smoking very much. I enjoy a good smoke after a lovely meal. I like to smoke a cigar after a really good meal and a bottle of port.

(Bert, 45, disability pension)

Some of the men even felt that denying themselves certain foods or drugs would do them more harm than good. For example, Kenneth (72, pensioner) who considered himself to be overweight at 100 kilograms and 175 centimetres tall,

believed that a diet that denied him meat and dairy products would not be a pleasurable experience and so preferred to carry the extra weight and eat what he pleased. Likewise, Patrick (69, retiree) stated quite emphatically that he had no intention of giving up his five to six cups of coffee (with sugar) per day despite protests from his wife and advice from his doctor that he needed to cut down on his caffeine intake and avoid sugar for the sake of his diabetes.

Similarly, James (53, social worker), believed that giving up cigarettes and marijuana would be more harmful to his health in terms of his wellbeing than if he continued indulging in these vices.

There are some things that we do in life that can have negative consequences. The stress of giving up cigarettes and worrying about that sort of stuff is sometimes more damaging than the cigarettes themselves. The thing of damage to the health, yeah that's a consideration. The thing of damage to health through cannabis, yeah that's a consideration. But there are benefits that I get from cigarettes and cannabis in terms of my lifestyle, and no-one else's – I don't tell anyone they should smoke marijuana because it's terrific stuff – but the benefits weighed up against the negative are fine. To me the negatives absolutely mean nothing. Absolutely nothing.

(James, 53, social worker)

Recreational drugs, cigarettes, and alcohol were also seen to be important for one's health in terms of acting as a social lubricant. Both Gary (34, architect) and Umberto (50, carpenter) enjoyed drinking and the occasional cigarette precisely because it allowed them to make connections with people that they believed they would otherwise have little opportunity to. Umberto said that despite the hangovers and nausea, he felt clearer and better for having the opportunity to get together with others and socialise over drinks. Being a single man with no

children, he felt he needed that social connection with others for the benefit of his health and wellbeing.

The thing about boozing, why I wouldn't want to give it up is because it would really limit my connections and my ability to connect with people. So it's good to have. See it's good to be able to smoke even. And it's amazing the smokers that go outside and stand outside where it's not too windswept and it's important networking area actually. The connections you get just with having a fag with someone are quite significant. So I probably will still have the occasional fag, you know. So I do value the ability to relate with those tools.

(Umberto, 50, carpenter)

The men were also able to negotiate their health to accommodate any physical ailments they may have had. Problems such as sore joints or shortness of breath were seen as inconveniences rather than indicators of poor health. William (58, call centre telephonist), for example, who was obese and suffered from chronic back and knee joint problems, preferred to see his obesity and joint pain as a part of life and a natural consequence of the ageing process. He did not see himself as unhealthy because:

To me being healthy means feeling good. Being able to enjoy life. Yeah, no pain. I mean, I talk about ageing like knees and back and all this. Being able to work around those. Being able to do things about it. Being mobile. Having that independence. Not taking drugs [medication], except one [Viagra]. Enjoying your food, enjoying your booze, enjoying what you're doing. That's physical health. ... So I suppose by saying that even though I have physical things going on, they're not disempowering. They interfere but you can work around them without too much difficulty.

(William, 58, call centre telephonist)

Like James, William also believed that health was individual and that what may be bad for one person, may actually be beneficial for another. Thus, William was able to justify drinking heavily everyday because he believed he had a higher tolerance for alcohol than most other people. He remarked that the health

profession tended to generalise too often as to what was healthy and unhealthy rather than considering the individual's needs.

So you can eat, you can drink. You can do this, you can do that, as long as it's balanced for you. And that's very important. It's for you, not for other people because a lot of these health messages come out and tell you what to do. But it's too generalised. They miss the point that we are not equal. We are individuals. And there is immense diversity there.

(William, 58, call centre telephonist)

Thus, where health professionals would suggest that smoking and excessive alcohol consumption is taking risks with one's health due to the links with life threatening diseases that these substances have, lay understandings of health amongst the men interviewed suggest that lifestyle choices such as smoking and drinking may be beneficial for their health as well.

Where health in the field of masculinity is valued, these men saw value in negotiating definitions of health. By engaging in risky lifestyle behaviours they were performing hegemonic masculinity by taking control of what they ingest as opposed to being dictated to and dependent on the advice of others. Although poor health and physical ailments devalued their physical capital in the field of masculinity, they were able to use their bodies to perform elements of hegemonic masculinity (i.e., control, independence, toughness) through lifestyle choices that increased the value of their physical capital.

6.2.5. If it ain't broke, don't fix it

Men, in general, are less likely to use health services or engage in regular check-ups with their general practitioner than women (Fletcher, 1994; House of

Representatives Standing Committee on Family and Community Services, 1997; Pattison, 1998; Courtenay, 2000; AIHW, 2004). This is often because:

Illness and help-seeking are seen as being incompatible with the 'masculine' image of strength and independence, but highly compatible with the 'feminine' traits of emotionality, weakness and dependence. Thus men get sick just as often as women, but they are less likely to admit to symptoms or to do anything about them. (Russell & Schofield, 1986: 71)

Delaying visits to health professionals and avoiding regular check-ups was characteristic of many of the men interviewed. The reasons for avoiding health professionals, however, were varied. Many of the younger men interviewed tended to believe that they had no reason to go to their local general practitioner for a general check-up. They either claimed they were too young to have any serious concerns or else believed they were in peak physical condition to bother worrying about their health. Only when they displayed symptoms of disease or illness did they see a need to seek professional medical help. Older men aged in their sixties and seventies, in turn, often stated that they had 'run their race' and saw no need to really worry about their health for the purpose of prolonging their lives. As one respondent remarked about his health:

If it ain't broke, leave it alone. ... That's the conclusion I have come to. I am quite, as I said to you, I've run my race. I've enjoyed most of it. So, as long as it doesn't hurt when I snuff it, that's all right.

(Kenneth, 72, pensioner)

Kenneth had a tumour in his bladder that was malignant; however, he preferred to avoid doing anything about it as it was not causing him any pain or discomfort. He preferred it to the alternative of radiation therapy which he had been told was painful, or having his bladder removed which would result in incontinence. Until

it caused him pain, he was prepared to ignore the tumour, even if delaying radiation therapy or surgery increased the chances of the cancer spreading and becoming inoperable.

Although some of the men understood that they had reached an age where going for regular check-ups was important for keeping check on their blood pressure, prostate specific antigen (PSA) levels and cholesterol levels which might otherwise go unnoticed, they still often failed to go because they believed nothing was wrong with them. Steven (56, teacher) epitomised the attitude of many men. When asked why he had not been for a medical check with his general practitioner recently, he replied:

I don't need to [go for a medical check-up]. I haven't been unwell. Mind you it doesn't mean to say that I shouldn't have check-ups because that's another thing that is a problem with men is that we do do that sort of thing. We don't do regular check-ups as we should do. So in one sense, for me not to go for regular check-ups is probably a bad thing because then I don't know if there are any underlying things physically. However, I haven't felt the need to.

(Steven, 56, teacher)

Lawrence (32, priest) even mentioned that he avoided going to his general practitioner for a general check-up because he did not wish to waste the doctor's time if there was nothing wrong. He believed that his body would tell him if something were wrong, and then only if it became serious in his mind would he consider going to a health professional for a diagnosis and possible intervention.

Even when their health appeared to be dire, they often still refused help on the grounds that they believed they were in control of their situation and coping without professional help. For instance, Zachary (44, teacher) stated that he

suffered terribly from depression which led to thoughts of suicide. Yet by virtue of the fact that he hadn't acted on his suicidal thoughts, he believed that he was dealing adequately with his situation.

Sometimes I get really dark thoughts. I find that sometimes suicide looms very large in my life. But when it does I always step back and look at that and go, hold on. So, to me it's about choice. So I look at that as a choice and go, no, that's not a good choice. And it's not a necessary choice. But I do wonder sometimes if I shouldn't go and see someone about that I have those thoughts. But right or wrongly I perceive that I'm coping okay and therefore I don't really need assistance.

(Zachary, 44, teacher)

Ignoring health problems and avoiding health professionals' services also stemmed partly from fear. Although they believed they were in control of their situation, it was more a case of not wishing to know that their health was out of their control or that something was wrong that required depending on others. Benjamin (45, furniture maker) was an example of someone who avoided general practitioners out of fear of what they might say is wrong with him. When asked why he didn't go to see his general practitioner for check-ups, he replied:

I can't be bothered on one level and also I'm afraid to hear, which is stupid I know, but it's the truth. You know, like I'm afraid of the outcome. And just ... it's always like tomorrow type thing, you know what I mean. Like finding the time for it always seems to be like a hard thing. But really I just don't want to know because I'm very afraid I'll hear something I don't want to hear, you know. I think I'll focus on it and then I think I might make it worse by focusing on it, you know. I dunno, I've just got this ignorance is bliss philosophy I suppose you'd say. So yeah, I'm not into maintenance, just if something goes wrong I'll fix it. But apart from that I'll just ride it 'til it rots.

(Benjamin, 45, furniture maker)

Taking risks with one's health by avoiding health professionals also stemmed from distrust and dislike of the medical profession and invasive medical procedures. For example, Karl (74, retiree) kept referring to general practitioners

as 'quacks' who did little more than make educated guesses. Likewise, Kenneth (72, pensioner) continuously referred to doctors and surgeons as veterinarians because he felt that they treated him as an animal rather than with respect and dignity as a person with feelings. He also claimed to feeling like an outsider in the decision making process concerning his own body. In the end he chose to do nothing about his bladder cancer because he had control over that decision.

Umberto (50, carpenter) also refused to have his cancer treated or removed by a medical professional. He said that having a core sample removed from his neck made him feel violated and consequently he never went back for treatment to have the cancerous growth removed. Eugene (31, porter) even stated that he would rather die than undergo a prostate examination due to the invasive nature of the procedure.

The experience would just be far too traumatic for me. I just can't picture myself bending over and ... No, I just can't do that. I think every guy's the same. It's not something I would look forward to. I think I would rather die from prostate cancer than have someone stick their finger up my bum, you know.

(Eugene, 31, porter)

Employability concerns also meant that some men preferred not to see a doctor or specialist when they had problems with their health. Despite the pain or discomfort of their injury or illness, they opted to suffer from their condition rather than have a medical record that would make them less desirable to a potential employer. This was particularly the case for men who relied on their physical condition for their job. For example, Nathan (42, porter), who often had to carry heavy suitcases as part of his daily work requirements suffered from chronic lower back pain. Yet although it concerned him and caused him pain and

discomfort he refused to take time off work or see a chiropractor for fear of losing his job. When asked why he hadn't sought help for his condition, Nathan replied:

I don't want anything on me medical records. Like, or me work to know anything about it. I'm just quite happy at the moment just to nurture me back and sort of do the stretching exercises that helps me and I just keep a close ear on any new developments in that area. Like, you know, sometimes you might hear of people with similar problems. I just ... I don't tell 'em that I've got that problem, I just listen.

(Nathan, 42, porter)

Nathan was prepared to risk his physical health to maintain the appearance of a strong and able bodied employee capable of continuing on in his position as a porter. He considered stable, secure employment to be better for his overall wellbeing than the back pain he suffered daily.

Avoiding health professionals was a mechanism by which the interviewees could protect their masculinity. They could maintain control over their bodies and, to a certain extent, the value of their physical capital in the field of masculinity by continuing to project an image of health that had not been stripped from them by the opinions of health professionals. They could remain independent by avoiding hospitals and health professionals' wresting the capacity for decision making away from them. It was a means by which they could validate their masculinity by maintaining an image that they were healthy, tough, strong and independent; physical capital symbolically valued in the field of masculinity that gave them privilege and status in comparison to the weak, the frail and the sick.

6.2.6. Health in the field of masculinity

Not all of the men interviewed were willing to negotiate or sacrifice their health in the ways described above for the sake of their masculinity. Health also impinges on men's masculinities in ways that necessarily mean that men must negotiate masculinity and what it means in the context of their everyday lives. Changes to one's health can mean a reappraisal of one's priorities. That masculinity should be affiliated with perfect health, strength, toughness and control may seem superfluous to someone who has had all of those things wrested away from them as a consequence of a life threatening disease or injury. They are more likely to be prepared to forego an image of dominant masculinity in favour of improving their health and/or longevity.

Ian (78, retiree) for instance, was prepared to alter his lifestyle habits for the sake of his health. After years of smoking and eating fatty foods, Ian finally suffered an angina attack that left him facing no alternative other than heart surgery and a change in his lifestyle.

There comes a time when you have to make some decisions, and if you've had this kind of cardiac experience then you have to avoid very, very fatty foods. And I don't mean take-aways, I mean growing up on a farm and eating a lot of bacon and pork and things like that. And so bit by bit you have to accept there are things you can't do. And in those cases I think you can adjust and take those things in your stride. I'm trying to scrape the butter off than scrape it on these days. Creams a luxury rather than a daily, you know, those sorts of things. ... Most people accept it early on, but for those who eat anything under the sun it's a bit of an adjustment.

(Ian, 78, retiree)

Although Ian considered it important for his own wellbeing to be able to eat whatever he liked, that freedom was taken away from him by medical professionals who insisted that he be placed on a strict diet (by his standards at

least). In choosing a healthier life that would improve his health and longevity, Ian had to relinquish control and independence over aspects of his life.

Likewise, Lionel (77, retiree) mentioned that after his prostatectomy he could no longer perform sexually which in turn affected how he felt about himself as a man. When asked how the prostatectomy affected his masculinity, Lionel replied:

Well, one of the obvious ones, is sexually. I would say that I'm not potent. Yes it's very much a question of the spirit's willing but the flesh is weak. And I'm not sure to what extent that was the result of the prostatectomy. I think, certainly that was a major change, and that would be one of the very obvious things. I'm a male, and being a male, it tends to make you aware that you've got something there not working between your legs, you know. That would be the very obvious one I think. In terms of sexual performance, I'm some sort of pale shadow of what I once was.

TC: Do you find it frustrating?

No, well yes, I suppose. I expect it's got a bit to do with male pride. You know, you think you're going to go on forever when in actual fact it's a bit pie in the sky. So it's a bit of a mixture I suppose.

(Lionel, 77, retiree)

Yet because men may have to renegotiate their masculinity to accommodate the status of their health, it does not necessarily mean that they no longer feel masculine or have had to relinquish their masculine identity. They may develop mosaic masculinities (see chapter five, 5.3.1. Mosaic masculinities, above) in which they draw upon elements of hegemonic masculinity that privilege them in the field of masculinity while rejecting those elements that devalue their status, such as equating poor health with weakness (a trait associated with femininity).

Harold (71, retiree), for example, who had been diagnosed with diabetes, prostate cancer, and motor-neurone disease and required assistance to do daily chores and

for such mundane tasks as doing up the buttons on his shirt, fiercely held on to his sense of independence and refused to go into an aged care facility that offered full-time care. Upon hearing the news that he had cancer, which came just two years after he had been diagnosed with diabetes and motor-neurone disease, Harold changed his diet to become vegan and cut out all sources of caffeine, alcohol and highly processed foods.

But this diet that I'm now taking, which I'd heard about three years ago, which once I thought I wouldn't take on, but it's amazing when you've got a life threatening illness, or with a tumour where the prognosis is not good but you think what can you do about it? So I decided to go cold turkey onto this Hallelujah Diet. ... I had this book loaned to me, God's Way to Ultimate Health, and when I read the three hundred testimonies in there of people who had all these diseases, including cancer, and how the diet had changed their lives and how the cancer had gone, I tell you ... I took control and became a vegetarian in three days and in four days I was a vegan.

(Harold, 71, retiree)

Rather than feeling as if he had lost control, Harold stated that he felt it was a challenge to overcome the diseases. He took control of his body by refusing the doctor's advice to have chemotherapy and he saw the diet as an exercise in self-discipline. Although Harold's health status left him in a condition far from the hegemonic ideal in the field of masculinity, he was able to draw on the resources he had available to maintain a masculine identity that he was comfortable with that still afforded him hegemonic masculine traits such as control, independence and discipline that maintained the symbolic value of his physical capital.

Health is therefore a complex variable in the field of masculinity. For some men, looking healthy and maintaining a healthy lifestyle in line with medical orthodoxy (i.e., exercising regularly, having a diet high in fibre and low in saturated fat, not

smoking) gave them the physical capital they needed to maintain a dominant position in the field of masculinity. They personified the image of the fit, strong, athletic male who exudes discipline and control; an image that has come to represent not only health, but also hegemonic masculinity.

Yet while health may be equated with traits associated with hegemonic masculinity there are other traits of hegemonic masculinity that directly contradict notions of health. To be tough, fearless, aggressive and competitive are often a dangerous mix in certain environments (such as behind the wheel of a car or out on the sports field) that have the potential to put men (and others) in harms way. Although there are elements of hegemonic masculinity that are conducive to good health (such as engaging in regular physical activity and playing competitive sport), there are also elements that endanger the health of some men.

Moreover, to further complicate the issue, health is not an objective variable in the field of masculinity. Health is defined differently by different men and changes in terms of how it is perceived and valued by individuals over the course of their lives. Vices such as smoking, heavy drinking and recreational drug use may be ostensibly viewed by health professionals as inherently bad for one's health in relation to the risks that one exposes oneself to by way of disease; yet many of the men interviewed considered these risks to be inconsequential to the benefits they derived from engaging in such lifestyle activities. They saw health as a quality of life issue; therefore enjoying oneself through hedonistic pleasures was seen to be conducive to good health and positive wellbeing. These men were

therefore able to negotiate health in the field of masculinity in such a way that taking risks was paradoxically regarded as healthy.

Yet health may also engender men to renegotiate their masculinity. Sometimes it is forced upon them (as was the case with Lionel after his prostatectomy that left him impotent) where they have to get around the issue by renegotiating what masculinity means for them. For others, they are faced with a choice between holding onto a lifestyle that maintains value in the field of masculinity (such as heavy drinking) and the possibility of suffering a chronic illness or even premature death. This may mean renegotiating masculinity and drawing on those elements still available to them that provides them with status and privilege in the field of masculinity, or in alternative subfields in the field of masculinity.

Additionally, the issue of ageing needs to be considered in relation to men's health and the field of masculinity. How men negotiate their health and masculinity changes over the course of their lives. The next section will consider the issue of ageing in relation to men's physical capital in the field of masculinity.

6.3. Masculinities and ageing men

As mentioned in chapter three, the body as a form of physical capital is highly valued in the field of masculinity. The youthful male body in particular has come to exemplify hegemonic masculinity (Dutton, 1995; Wienke, 1998). The youthful male body is considered to be athletic, strong, and impervious to pain or illness. It is healthy and active, confident and in control. High levels of testosterone that

course through men's veins during their youth are assumed to make younger men more potent and virile than their elders, as well as being more powerful and aggressive. Thus, the image of the smooth, muscular, youthful male body has come to be associated with dominant forms of masculinity and is highly valued for what it has come to represent in the field of masculinity.

Yet as men age their bodies become weaker and more susceptible to illness and injury; their hair eventually turns grey and thins; their skin loses elasticity and becomes more wrinkled and sallow; layers of fat begin to cover once toned muscles and coarse body hair sprouts in places unimaginable to the younger self. The ageing male body means that it necessarily becomes removed from the ideal and is increasingly devalued (Whitehead, 2002: 200). The dominant masculine values once epitomised by their youthful physicality eventually give way to an aged body subordinated in the field of masculinity.

While masculinities are acknowledged as being fluid over the course of men's lives (Connell, 1995; Kimmel, 1995; Pease, 1997; Beynon, 2002; Whitehead, 2002) how men actually negotiate these changes in the field of masculinity is under explored and needs to be better understood (Thompson Jr., 1994; Hearn, 1995; Whitehead, 2002). The remainder of this chapter will explore how young, middle-aged and older men negotiate masculinities as a consequence of changes to their physical capital and what the body means for them in relation to their masculinity. However, before proceeding I will first explain my use of the concepts 'young', 'middle-aged' and 'old'.

As discussed in chapter three, age is as much a state of mind as it is a chronological calibrator. The concepts of older and younger are relative; people are simultaneously someone's elder and another's junior. Thus, there is no adequate definition of what constitutes 'young' or 'old'. For the purposes of this thesis, however, crude age groupings are used to distinguish between attitudes of different generations of men and to maintain a semblance of continuity based on the objectivity of chronological age. Categorising men based on age is justified due to the focus on physical capital in association with ageing and the fact that the body ages regardless of how one feels about their age. For example, a seventy year old man will unavoidably have the body of a seventy year old: even if he feels young and looks younger than his years suggest, his body will differ significantly from that of a twenty year old man. Although there is obvious slippage between the crude categories and my definitions do not take into consideration the subjectivity of age and ageing, these categories are used as a means of identifying patterns in the lived experiences of men. Throughout the thesis, younger men are referred to as being aged in their twenties and thirties, middle-aged men as aged in their forties and fifties, and older men as being aged sixty plus.

6.3.1. Physical representations of masculinity

The body is central to men's masculinities, both in terms of perceptions of masculinities and performing masculinities. In particular, the youthful, smooth, toned, muscular physique has become an image associated with hegemonic masculine traits that also separates itself from the subordinate 'other' (the infirm,

the weak, the old, the sick) within the field of masculinity. To be in possession of such physical capital lends weight to one's status in the field of masculinity.

How the body performs masculinity is also valued as physical capital. For example, men often use their bodies in ways which reaffirm their masculinity, such as working on their bodies at the gym or in environments requiring strenuous physical activity and where the performance itself is synonymous with hegemonic masculinity. They may adopt risk taking lifestyle behaviours such as smoking or binge drinking, or use their bodies to engage in acts of violence against others or frequent (hetero)sexual activity with multiple partners. In this way the body is valued as physical capital in relation to its capabilities to perform masculinity.

Many of the men interviewed (from a range of ages) were attracted to the youthful, lean, muscular male body as the personification of masculinity. For instance, Umberto (50, carpenter) described Michelangelo's "David" as an example of a male body type that exemplified masculinity because it was both hard and athletic without trying to be too hard or too athletic. The muscles have definition suggesting they are well used and strong without being exaggerated in such a way as to symbolise narcissism that is commonly associated with femininity. Muscles not only symbolise strength, a traditionally masculine trait, but also suggest an active body that is physically fit and healthy.

Interestingly, while the men aged in their twenties and thirties simply implied that the ideal male body epitomising health and masculinity is youthful (through descriptive comments of the ideal male body as 'smooth' and 'hairless'

suggesting it is free of wrinkles and body hair that develop with age), the middle-aged and older men were more inclined to explicitly stipulate the ideal male body as necessarily youthful. As one such interviewee aged in his fifties replied in answering how he would describe the ideal male body:

That's an interesting one because it would probably be muscular. Well it wouldn't be muscular necessarily but it would be fairly healthy looking. And I think it would probably be younger I suppose. Because as I age I look in the mirror – and I work out and so forth – but no matter what, the body's ageing. So, I laugh at that sometimes. Yeah, I suppose a younger body. It would be in your twenties I suppose. It's all toned up and you can run through ten kilometres without feeling stiff or sore.

(Victor, 56, small business owner)

There was a general understanding and acknowledgment by men across a broad spectrum of ages that it is the youthful, toned, lean male body that is considered to be the ideal body type that epitomises images of health and masculinity. It was this image that was recognised by the men interviewed as being most valued in the field of masculinity. How men of different ages deal with the socially constructed ideal male body type that has come to personify dominant masculinities within the field of masculinity will be explored next.

6.3.2. Young men's bodies

An increasing number of studies have been conducted into young men's concerns on body image and body dissatisfaction (Grogan, 1999; Lynch & Zellner, 1999; Pope et al., 2000). As outlined in chapter three, young men's increasing obsession with body image has resulted in a number of health related issues ranging from poor self-esteem and depression through to psychological conditions such as bigorexia, or reverse anorexia, whereby men see themselves as far skinnier than they actually are and turn to extreme measures such as gorging and

steroid use to overcompensate (Spitzer et al., 1999; Pope et al., 2000). Previous studies suggest that the male body type that men see as the ideal is one that is mesomorphic (muscular) as opposed to ectomorphic (thin) or endomorphic (fat) (Wienke, 1998; Lynch & Zellner, 1999; Spitzer et al., 1999). Consequently, many men are prepared to diet and train hard at the gym to lose excess fat and increase their lean muscle mass.

As mentioned above, the image of the youthful, muscular male body appealed to men of a variety of ages. For men aged in their twenties and thirties, however, there was a real emphasis on bulking up rather than simply toning their bodies. This meant spending long sessions at the gym lifting heavy weights in an effort to conform to the socially constructed mesomorphic ideal. For example, Quentin (26, social worker) talked about bulking up as being important for relieving personal anxieties about his body. Quentin discussed being dissatisfied with his body during his teenage years:

I used to be super skinny as a kid and I used to have to eat and eat and eat. And I was so skinny that ... see I have this big skull and I used to be skinny up here [points to chest] as well and I had these narrow shoulders and people used to call me mushroom when I was at school and stuff. So that used to compel me to go to the gym, and I couldn't put on any weight, so I used to eat excessively just to put on weight.

(Quentin, 26, social worker)

Low self-esteem and high anxieties over his body image led to Quentin looking to the gym for relief. By lifting weights at the gym and bulking up, Quentin commented that he felt a lot more confident about himself and how he looked. Having achieved a body image that met with the hegemonic ideal, Quentin

claimed to feel more content and happier with his looks. Yet he went on to admit that how he often felt about his appearance was relative:

If I'm at a beach and I happen to stumble into the middle of an iron-man competition, then I'm going to feel conscious about it. But if I was in the middle of America somewhere in one of those all night diners surrounded by hillbillies or something then I would probably feel good about myself.

(Quentin, 26, social worker)

The media were often stressed as reference points by the young men interviewed for locating images of the ideal male body as both healthy and masculine. The socially constructed image of the toned, lean, smooth male body typified in the media as sexy, healthy and masculine were those that respondent's preferred as their ideal. When asked how they would describe the ideal male body, both Yoav (22, receptionist) and Frederick (23, computer technician) replied respectively:

Maybe the image the media want us to think is perfectly toned that's not too big. He's gotta be cute and have no hair or very little hair on him. And he's gotta be kind. I mean that's your perfect image of today. But that's what you see in the media.

(Yoav, 22, receptionist)

I guess in some ways it sort of comes down to what you see on television and stuff. You sort of think that the whole fat thing's not very attractive or something like that. I suppose there's a push and I see that as the ideal one. You know, the toned sort of thing. I don't really go for the whole muscley sort of people. That sort of makes you go, uhhh. People obviously spend all their life in the gym. That sort of muscle body has gone too far I guess. But the average sort of smooth, toned sort of body I guess is good.

(Frederick, 23, computer technician)

There was an emphasis on not being too big and muscular due to the narcissistic tendencies implied by spending all day at the gym. The ideal male body was seen to appear natural and the end product resulting from a physically healthy and active lifestyle involving masculine pursuits such as sport or manual labour. Even

though they may spend a great deal of time working on their bodies to achieve a certain look, they were often keen to appear nonchalant about their bodies. Yoav (22, receptionist) typified just such a paradoxical approach. On the one hand, Yoav claimed to be unconcerned about the way that he looked:

I'm not buffed. I'm not built. But hey, that's how I like it. I don't wanna be this huge gym bunny who's obsessed with getting bigger biceps, and pecs that are huge, and a six-pack. If I get it, I get it. If I don't, I'm not going to sit there in the gym and spend hours on it. I'm not obsessed like that.

(Yoav, 22, receptionist)

Juxtaposed to this, however, Yoav talked about the importance of maintaining a strict workout routine (“Just for keeping in shape”) and the euphoria he felt when he managed to put on weight:

Putting [on] eight kilos was the biggest thrill because then you know things are toning up a little bit.

(Yoav, 22, receptionist)

Although he constantly stated throughout the interview that he was unconcerned by the size of his body and being quite short (170cm) and skinny (56kg), his statements were often peppered with contradictory remarks stating how he would like to increase his size and put on weight. Although deliberately attempting to sculpt his body through exercise routines, Yoav wanted to emphasise that his looks were natural and that he was not obsessed by body image.

Some of the younger men in their twenties who were interviewed also talked about ageing and the effects on their bodies as being important in how they perceived themselves. Although these men saw the changes as natural, the changes were worrying to them nevertheless precisely because they reflected a

shift away from their youth. For example, David (27, Student) believed that the greying of his hair was a normal part of getting older and thought that it might have even made him look more appealing to women; however, it caused him concern because he wanted to retain the image of a youthful man whereas grey hair made him look older than he was.

I've got a lot of grey hair for a guy that's twenty seven just around the sides and so on, and that worries me. ... And the interesting thing about that is too that realistically would that actually affect my chances with girls? I actually don't think it would. If that was what was worrying me I think I'd end up looking distinguished with a bit of grey hair and I guess at least I'm not losing it.

TC: What would be the worry with the grey hair?

Yeah, I guess once again it's just a sign of yeah, that I'm not as young as I used to be basically. You know, I think the interesting thing is I think I'm more conscious of the grey hair than anybody else is. Like most other people I gather know it's there but they never really say anything or anything like that whereas I'm always quite conscious that I've got the grey hair.

(David, 27, student)

David was not alone amongst his age group. Chad (26, mechanical engineer) fretted about hair loss, Oscar (25, musician) believed that too many late nights were giving him wrinkles and the appearance of premature ageing, and Gus (28, graphic designer) worried about the difficulties that he was having shedding excess weight which he associated with ageing. Most of the young men interviewed, however, were not overly concerned by ageing. For the most part, they were able bodied, fit and free of disease, and had come to think of the ageing process as something that would happen to them much later in life and did not directly concern them at this stage in their lives.

Being young and having a youthful male body meant that it was hardly surprising that they tended to consider the idealised youthful, smooth, athletic, toned male body as the most masculine as it privileged their position in the field of masculinity. These men led active lives and many of them played sports that kept them fit and strong through regular use of their muscles. Being young meant that they had little concern for hair loss or wrinkles. Almost by virtue of their youth, they were given status in the field of masculinity as their youthful physical capital was valued as epitomising the masculine ideal. Where they differed from the ideal (too skinny, or too fat) they sought to work on their bodies and improve the value of their physical capital to gain further status and privilege in the field of masculinity.

6.3.3. Men's ageing bodies

Interestingly, the middle-aged and older men interviewed were just as prone to associate the lean, muscular, youthful male body as the ideal male body as the younger men were. When asked how they would describe the ideal male body, celebrities such as Brad Pitt and Robbie Williams were mentioned as examples of typically good looking, masculine men. However, while the younger men interviewed were concerned with both bulking up and maintaining an exercise routine that kept them lean, the older men interviewed were more interested in shedding excess fat through diet and exercise than they were in increasing the size of their muscles.

I think I'd like to be a lot fitter than what I am. I think I'd like to get more involved in a fitness program. I'd like to be able to endure a lot more than I can from a cardiovascular point of view. I feel that I've put on ... well I'd like to be seven kilos lighter than what I am.

(Ian, 78, retiree)

I always thought that I would like to marry a physiotherapist for flexibility. When I was doing gymnastics, flexibility was a fantastic feeling. Like it's not energy, it's looseness. And I want to go to the gym to maintain my health but I don't want to be manic about it. I don't want to get big anymore. So I go to the gym and do a bit of stretching. ... So it's physical activity I'd like to do more of. Not impact, but movement.

(Aaron, 50, unemployed)

I do watch my food. I have a fairly low fat diet. I watch stuff like that. Mainly because my wife facilitates Weight Watchers classes. So there's been a bit of education there. I cut the fat off meat and stuff like that.

(Dirk, 52, social worker)

They were more conscious of what they consumed and the effect food and alcohol had on their bodies, not only in terms of weight gain, but also in terms of energy levels which were viewed as important for staying active. Poor diet was seen to lead to lethargy and bodily decline. Thus, diet and exercise were talked about as not only important for their health, but also for staying active and youthful.

All of the men interviewed aged in their forties and over recognised that their bodies were slowing down and that they were experiencing aches and pains that were making them aware of their ageing bodies. Yet many still said that they felt young. They acknowledged that their chronological age suggested they were perhaps no longer considered young and that their bodies were not as supple and resilient as they had once been, but they felt as if their age and bodies were incongruous with how they felt. For example, when they were asked if they felt themselves to be a young man, a middle-aged man, or an older man, the following men replied:

I think as still being young, although I don't feel the age that I'm supposed to be.

(Roger, 49, unemployed)

I think I recognise that my body is telling me that I'm older than I think I am. I think of myself as younger than my chronological age. For instance when I meet people who are a little older than me, I still mentally think of them as being old enough to give respect to because of their age and my age. So I think of myself as younger.

(Zachary, 44, teacher)

Interesting. Funny that, it's hard to answer because middle-aged doesn't strike well because you're supposed to get conservative you know. Middle-aged usually means conservative. Well, we used to think that anyway, but shit. Yeah, I feel young mainly but you do feel the body's got less resilience.

(Umberto, 50, carpenter)

Being middle aged did not sit well with many of them for various reasons. Victor (56, small business owner), for example, described the physical ageing process as 'scary' and not at all enjoyable. When probed why, he replied:

I can't do what I used to be able to do. ... That's a struggle I have, you know ... it's only in recent times, very recent times, where I've got to that stage where I'm saying that I can't do certain things, whereas I used to be able to sprint against – ooh, even up until some of these injuries started to flair up in the last year or so – I could sprint against younger blokes. Not win, but I could sprint against them and all the rest of it. You know, the male ego thing. And now I can't do that anymore. So that's a bit of a hard one.

(Victor, 56, small business owner)

Often they felt that the person that they saw in the mirror or in photographs did not reflect an accurate image of how they actually saw themselves.

I hate seeing myself in photographs now. I just look shithouse. I look old and it doesn't work, it doesn't show what you think of yourself. It's probably very accurate but in the mirror you see yourself and it's all right somehow because you're there too. But in a photograph you're out of it but it is you, but it's not, you know. Very rarely do I see a good

photograph. Maybe if I've got my sunglasses on it works. But very rarely does a photograph work for me.

(Aaron, 50, unemployed)

When I look at myself in the mirror I recognise an older man coming on, although I don't feel that old as what I seem in the mirror.

(Charlie, 62, retiree)

Consequently, some of the men tried to present an appearance of youth that matched how they felt about themselves. Aaron (50, unemployed) was one such man who had difficulty accepting his ageing body and sought a variety of measures to appear more youthful. Aaron grew up in the tropics and was often out working in the sun. Thus, it was early on when he realised that the sun was causing his skin to age faster than he would have liked and he began to take action in his thirties to avoid sun exposure, both for the sake of reducing the risk of skin cancer and minimising the ageing of his skin.

I used to go diving all day with those fellas in the islands and I put my hat on pretty much except when you were speeding around in the boat. But I always tried to since the '80s because of getting sunburnt. I even wore long sleeved shirts. After a few years in Cairns and that I used to always wear a long sleeved shirt and put sunburn cream on. I'd always have a hat; always have a neck tie on. It wasn't just skin cancer that bothered me, it was vanity as well.

(Aaron, 50, unemployed)

Aaron did not like what ageing was doing to him. He liked to wear dark glasses when he had photos taken so as to hide his wrinkles and he mentioned going to the gym regularly and playing energetic sports such as tennis to keep his body both fit and lean. Though he mentioned that he was enjoying his newfound intellectual energy that had come about as a consequence of ageing and claimed that he would not give it up for a younger body, he still went out of his way to

maintain a youthful image. When asked if he did things to make himself look more youthful, Aaron replied:

Well all the time I have. I've done my gym work and changed my hairstyle a bit. I've never done anything radical with the way I look. Well I think clothes do that and I'm careful with my clothes. I get good clothes as much as I can. I shave partly for looks. I put cream on my skin partly for looks. Because it feels tight and dry and horrible. I've never shaved body hair. ... Oh yes I do now actually. Edgar and Alice were living in my house and my hair on my chest was gone grey and it was poking out the top of my t-shirts. And one time Alice said "do you want me to shave it off". And I said "don't be silly" and then eventually I let her, and she shaved it. ... And I thought that looks alright so I maintained that. Because it's grey and long and old looking I guess. I also shave the same kind of hair off the back of my neck. You know that scraggy grey soft stuff at the bottom. I shave that off because that's part of that same annoyance with my hair. It's untidy. And that's one of the things about age. You begin to feel untidy somehow. Hair grows in your ears of course, and your nose. It's like you become a bit amorphous, you know.

(Aaron, 50, unemployed)

Although his body was showing obvious signs of ageing, Aaron was doing his utmost to present a more youthful image and appear healthy and full of vigour; physical capital highly valued in the field of masculinity.

Staying active, either physically or mentally, was also regarded as important for maintaining a youthful image. For those that focused on physical activity as the elixir of their youth, they tended to stress that although they were not as physically capable as they had once been, they saw themselves as far more physically active than their contemporaries by comparison and that they had the same attitude to physical activity as they did when they were younger. For example, Thomas (58, financial consultant), who had once been a State champion badminton player and was still actively involved in various sports and physical activities, stated that he felt youthful because:

I go to the gym fairly regularly and I'm quite happy to do some manual work and work at home and do things. I help out mates with stuff that they do and mow lawns and things like that. And I feel like I've got reasonable endurance.

(Thomas, 58, financial consultant)

Thomas went on to mention that staying in shape physically made him feel as if he was physically capable of doing more than his friends of a similar age who were not involved in sports or exercise. Although no longer State badminton champion, staying physically active made him feel younger than his years.

Victor (56, small business owner) also stated that staying physically active made him feel young. He did, however, mention that it was getting harder as he got older and that he had to sometimes push himself and deny himself permission to stop. When asked why he did not give himself permission to relax and take things easier, he said:

Don't know. That's a thing that I'm working on. Yeah, I enjoy just going for a gentle walk by myself and I'm sort of building up more of a repertoire of those things that I - like a day in bed where I read my book and so forth - I'm starting to build up more of a repertoire of that. There is a fear thing I think around ageing and so you've gotta keep doing things otherwise you're getting older. It's like there's an underlying fear. So that's probably the push. It's hard getting older.

(Victor, 56, small business owner)

Staying active allowed Victor to allay fears of getting older that he had come to associate with lethargy and slowing down physically.

Those men that had lost their youthful physical stamina and were not involved in sport, exercise, or strenuous physical activities, tended to stress the importance of remaining mentally and intellectually active. (It should be noted here that the

emphasis of staying mentally active is on 'youth' rather than 'masculinity'. Women are equally inclined to pursue mentally stimulating activities to maintain a sense of youth and stave off old age associated with memory loss and mental fatigue.) These men emphasised the importance of staying intellectually active and mentally alert as important for maintaining a sense of youth.

I'm still active. Mentally active. I still like to mess around and joke around and I still keep my sense of humour. I like to read and learn new things. And I just don't feel old. I just don't, as simple as that.

(Steven, 56, teacher)

I like to read the newspaper. I try to keep up with what's going on in the world. Sometimes I do puzzles, crossword puzzles. I think it's important to stay mentally active. Keep the grey matter ticking over. It keeps you from getting old.

(Jacob, 68, retiree)

Although the men often commented that their bodies were slowing down and that they were no longer as physically active as they had once been and no longer had the physical fitness and stamina that they once had, they tended to deflect from this to focus on their mental abilities and their involvement in intellectual pursuits. Zachary (44, teacher), for example, discussed how his body was telling him that he was physically beginning to slow down and that he couldn't necessarily do the things that his mind thought that he should still be able to do:

I tend to still run. If I want to get somewhere quickly, I will move quickly. So I'll take the stairs two at a time, you know. I'll jog through the corridors at school to get there in time. And yet, what I'm saying is that now when I take the stairs two at a time, by the time I get to the top I'm puffing and I think maybe I shouldn't have done that. So the mind is wanting to do that, but the body is not keeping up.

(Zachary, 44, teacher)

Despite acknowledging that his body was slowing down with age, Zachary maintained that he felt youthful because he remained mentally active. When asked what made him feel young, Zachary stated:

Speed. I think I associate slowing down with middle age and I am not mentally slowing down. So that's kinda what I'm getting at I think. So I'm seeing those people who are not that much older than me, I can see that they're slowing. They're not as spritely as I would like to think I still am.

(Zachary, 44, teacher)

Even where the men interviewed recognised that their bodies were slowing down and that they had lost the youthful physical vigour that they once had, they still felt themselves to be young by focusing on their mental alertness and dismissing the diminution in their physical capabilities as being an indicator of having reached middle age or being considered an older man.

Although men in their forties and over tended to liken the youthful male body as the ideal male body, they did not necessarily feel a need to compete with this image free of excess body hair and wrinkles. Certainly some of the men sought to retain the value of their physical capital by adopting a more youthful appearance; however, most others were content to focus on staying active as a means of staying young and by comparing themselves with their contemporaries rather than with an unrealistic image that they were not capable of achieving. This is in contrast to the younger men in their twenties and thirties who felt a great deal of pressure to work on achieving a body that met with the culturally dominant ideal of the lean, muscular, youthful male body epitomised by the media.

6.3.4. Negotiating masculinity and compensating for age

Many of the younger men aged in their twenties and thirties who were interviewed tended to use the strategy of supporting hegemonic masculinity when negotiating the field of masculinity: their youth was valued and gave them status and privilege in the field of masculinity. Even where their bodies did not match the culturally dominant ideal they sensed that their youth and youthful bodies were valued capital and so were inclined to support hegemonic masculinity for what it promised them if they were able to make the effort and work on their bodies to fit the ideal. However, younger men whose bodies were too far removed from the ideal tended to rely on other strategies in negotiating masculinity.

The middle-aged and older men interviewed in this study were less inclined to support hegemonic masculinity. Their older bodies were less valued in the field of masculinity and consequently offered them little by way of an opportunity to conform. Ageing meant that they were only moving further away from the ideal. There were some instances of middle-aged men who worked on their bodies (shaving their chest hair, plucking their eyebrows, using facial moisturisers, dying their hair, toning their bodies at the gym) in an attempt to retain an appearance of youth, refusing to accept that they could be relegated to a position of subordination in the field of masculinity. Yet for the most part, middle-aged and older men accepted (albeit reluctantly for some) that their ageing bodies no longer held the same degree of value in the field of masculinity than they had once done.

Instead of trying to fit the male body ideal that was becoming less achievable the older they became, these men developed other strategies to compensate for their ageing bodies. They preferred to operate in the *field of aged masculinity* (a subfield within the field of masculinity) in which the capital that they owned was valued (such as experience, maturity and wisdom as part of cultural capital). For example, Bert acknowledged that when he was younger, fights were important to proving his masculinity:

When I was younger ... I would fight anybody, any time, anywhere. ... If you really wanted to prove yourself, especially in the social circles I was in, it was your physical ability to inflict as much physical harm on your opponent as you possibly could in the shortest period of time. Knife, gun, baseball bat, whatever.

(Bert, 45, disability pension)

Now that Bert is older and less physically agile, he defends his position not to get involved in fights stating that his age has brought with it a maturity whereby he feels that he does not have to prove himself to be a man:

Well, I don't have to prove anything. I'm more than happy, I'm more than comfortable with who I am and how I associate my masculinity within the world.

(Bert, 45, disability pension)

In effect, Bert draws on his own personal history which is valued in the field of aged masculinity. He is able to draw upon his personal experiences of violence to feel that his masculinity is validated and discusses his maturity to disengage from violent behaviour as an example of his mature, dominant masculinity. Although his aged body placed him in a subordinated position in the field of masculinity (due to the devalued status of his physical capital as a consequence of ageing),

operating in the field of aged masculinity allowed him to maintain a dominant masculinity in which his experience, wisdom and maturity were valued.

In operating in the field of aged masculinity, many of the middle-aged and older men felt the need to remove themselves (where they were able) from social situations that had the potential to threaten their sense of dominant masculinity. For example, some of the men interviewed discussed how they no longer enjoyed drinking in environments dominated by younger men. They still associated masculinity with alcohol and mateship, but they no longer equated masculinity as necessarily involving competitive drinking and youthful bravado. They often preferred to simply have a few drinks with mates at a quiet pub away from crowds of younger men.

Although some of the men stated that they did not like to drink with younger men because they did not feel that they had to prove themselves and that they were beyond that kind of reproachable behaviour, others admitted to feeling insecure when surrounded by younger men drinking. For example, Aaron admitted that he did not like to drink down at his local pub on nights when there were lots of young people around because:

I don't relax as much. It makes me feel old if I drink more than I should. Except in an intimate ... like when I'm talking to Barney I'll drink. But I don't like to be seen by anyone because I think it looks shithouse. I hate it. Perhaps I imagine my father, I dunno.

(Aaron, 50, unemployed)

Aaron refrains from drinking where he thinks he would look old and prefers to drink with his friends of a similar age where he feels comfortable drinking and

performing aged masculinity. The tensions between hegemonic masculinity and the inability to compete with younger men are negotiated by removing himself from environments where his masculinity might be invalidated.

Sport was another area in which many middle-aged and older men sought to avoid interacting with younger men. Many of them had given away competitive sport, preferring instead to engage in social sport or recreational physical activity such as working out at the gym. Often as a consequence of their bodies getting older, their joints and flexibility inhibited them from competing with younger, stronger, and more agile men. They preferred to avoid competitive sport with younger men which made them feel old and out of kilter with the hegemonic masculine image of the young, toned, athletic male.

For example, Thomas claimed that when he is active and going to the gym he feels that he is still a young man with plenty of strength and endurance. However, when playing badminton with men much younger than himself he said that he felt old.

Generally I think of myself as young. I like to think of myself as young. However, every so often when I play some badminton and I come up against somebody younger and I realise I'm not as young as I used to be. ... They can do things that I can't do that I used to be able to do, but I can't anymore. They last a bit longer and they're a little bit quicker. That's just one of the factors of growing old.

(Thomas, 58, financial advisor)

Although Thomas enjoyed competitive badminton and was once State champion, he stated that he did not enjoy playing younger men who reminded him of his physical handicaps associated with ageing.

As the field of aged masculinity is a subfield within the field of masculinity, the middle-aged and older men were in a subordinated position in the field of masculinity while simultaneously dominant in the field of aged masculinity. Being in a position of heterodoxy in the field of masculinity the middle-aged and older men often challenged the legitimacy of hegemonic masculinity and the premium placed on youth. While they drew on those elements of hegemonic masculinity that still privileged them in the field of masculinity (e.g., alcohol, mateship, sport and exercise, and heterosexual relations), they also rejected or challenged those elements of hegemonic masculinity that subordinated them (i.e., their ageing bodies resulting in an inability to compete with younger men).

In challenging the legitimacy of youth being associated with hegemony in the field of masculinity, some of the middle-aged and older men interviewed referred to the behaviour of younger men as 'stupid' and 'idiotic' and of the younger men themselves as 'yobbos' and 'morons'.

Yeah, I hate yobbo drunken men, brutish, loutish. ... And yet I'm a bit of one myself. Or at least I have been. Can't do it anymore. I hate yobbo drunkenness. Shouting. And I see a few pubs ... sometimes as I come home and there's a mob of stupid young men shouting at people and being idiots, and I hate that.

(Aaron, 50, unemployed)

They saw their own life experiences culminating in a more mature masculinity that was superior to younger men's masculinities (referred to by one interviewee as an 'uneducated maleness'). For example, Bert (45, disability pension), who engaged in physical fights in his youth, believed that he has transcended the immature masculine behaviour of physical violence in which men must prove

their masculinity. He challenges the violent behaviour of younger men stating that they have:

Small dick disease. Small man's disease. They've got a small penis and they desperately try to show that they have a big penis and they want to get in fights and that rather than just sitting down and enjoying the ambience of the pub.

(Bert, 45, disability pension)

Bert claims that not fighting is proof that he is comfortable with his masculinity and that his aged masculinity is superior to that of younger men.

By operating in the field of aged masculinity, middle-aged men and older men were able to comfortably negotiate the field of masculinity and maintain dominant masculinities even as their bodies aged and their physical capital waned in value in the field of masculinity. Their everyday lived experience of masculinity was one of dominance in relation to other older men in the field of aged masculinity. They did not feel subordinated by hegemonic masculinity which placed value on youth and youthful male bodies, and instead sought to challenge the legitimacy of the association between youth and hegemonic masculinity. While some of the middle-aged and older men developed anxieties over ageing and sought to prolong the appearance of their youth, most men were content to negotiate their masculinity to accommodate for their age and ageing bodies.

6.4. Conclusion

Both health and ageing have a profound impact on how men negotiate masculinities over the life course. In relation to health, much has been speculated

about the damage that performing masculinity has on men's health. Yet health also affects men's masculinities. Thus the relationship is often a complex one full of paradoxes. For some men, maintaining their health was important for their masculine identity as it exemplified traits associated with hegemonic masculinity such as strength, toughness, independence and control. Consequently, they engaged in health promoting activities. However, for some men, maintaining an image of good health was more important than actually being healthy. These men were prepared to engage in activities that risked their health (e.g., playing contact sport while injured) for the sake of projecting an image of health valued in the field of masculinity. Moreover, other men were prepared to sacrifice their health to accommodate other traits associated with hegemonic masculinity such as engaging in risk taking behaviour that provided them with the opportunity to display dominant masculine traits such as fearlessness and aggression. Health was often negotiated by men in ways that allowed them to feel comfortable and healthy performing masculinity.

Age and ageing also affects how men negotiate masculinities. As hegemonic masculinity is predominantly associated with youth (particularly in relation to the body as valued physical capital for what it represents and how it is used to perform dominant masculinities) ageing affects the status of men in the field of masculinity. As their bodies age they move further from the physical ideal of the youthful, smooth, toned, muscular male body, and their physical capital subsequently loses value in the field of masculinity. Consequently, they are inclined to negotiate masculinity in the context of their everyday lives. Some men continue to support hegemonic masculinity, despite being subordinated by it as

they age. For many others, however, they use the strategy of supporting dominant aged masculinity in the field of aged masculinity where their capital is most valued and they are able to retain a dominant status. Thus they avoid the anxieties of ageing associated with being subordinated in the field of masculinity.

The next chapter will consider how the findings contribute to current literature in men's health and masculinities. The chapter will also outline the practical implications of the findings in relation to men's health and ageing issues, and what direction future research might take in light of these findings.

CHAPTER SEVEN

Men's Strategies

7.1. Introduction

This thesis has explored a range of issues related to the ways in which Australian men of different ages negotiate masculinities over the life course with a particular emphasis on the impact of health and ageing on men's masculinities. In particular, the thesis focused on the strategies men use to negotiate masculinities over the life course, the importance of the body as capital in the field of masculinity, and the ways in which masculinities, health and ageing impact on one another over the course of men's lives.

In identifying the strategies men use to negotiate masculinities over the life course, a theoretical model that took account of men's everyday lived experiences of masculinity was developed. This theoretical model, based on a fusion of theory between Connell's notion of hegemonic masculinity and Bourdieu's concepts of habitus, capital and fields, shows how men operate within a field of masculinity in which they vie for power, legitimacy and status. Their position within the field of masculinity, in turn, is dependent upon the value of the economic, cultural, social and physical capital that they possess.

Those with valued capital are located in a dominant position in the field of masculinity. Consequently they are more likely to support hegemonic

masculinity as a strategy and defend their dominant position and the value of their capital. Yet those in a subordinated position in the field of masculinity are able to successfully negotiate their position not only by challenging the legitimacy of hegemonic masculinity, but also by positioning themselves within subfields in the field of masculinity in which their capital is valued and they are able to maintain a dominant position in relation to other men within that subfield.

In relation to health and masculinity, previous studies have considered masculinity primarily in the context of the damage that it does to men's health (O'Dowd & Jewell, 1998; Connell, 2000; Sabo, 2000; Watson, 2000; White, 2002a). However, masculinity also has the capacity to impact positively on men's health. Furthermore, men's health needs to be re-conceptualised to include men's everyday lived experiences and attitudes to health. What may be considered to be unhealthy by health professionals may be viewed by the individual as integral to their overall sense of health and wellbeing. Further to this, this thesis explores how health comes to impact on men's masculinities, and how men negotiate masculinities as a consequence of health related issues that impinge on their identities as male and masculine. This is a perspective missing in much of the men's health literature to date.

Within the boundaries of this thesis, the influence of ageing on men's masculinities is also considered. To date, little attention has been given to middle-aged and older men's masculinities. Yet ageing has the potential to have a profound impact on men's masculinities as the ageing body necessarily means a devaluing of physical capital in the field of masculinity. Considering ageing as a

significant variable in researching how men negotiate masculinities adds another dimension to men's studies and men's health and ageing literature.

This chapter looks at the contributions that this thesis makes to current discourses in men's masculinities, health and ageing, and the practical implications of this research framed within an Australian context. This chapter begins with an overview of the field of masculinity and how this model fits in with current literature and assumptions of men's masculinities.

7.2. Negotiating masculinities

Masculinity is a fluid concept that changes over the course of men's lives. How masculinities are defined is subject to both time and place; that is, they change across spatial boundaries and within different cultural contexts, and they are also subject to change over time as history has shown. For example, the masculine image of hairy chests and sideburns of the 1970s has been replaced today by the clean-shaven, smooth, lean, muscular bodies of younger men (Dutton, 1995). As definitions of masculinities shift, so too do men necessarily accommodate change by negotiating masculinities in the context of their own lived experiences.

Furthermore, changes as a consequence of health and ageing have the potential to affect how men define themselves as masculine. To successfully negotiate these changes requires strategies. This section will provide a summary of the theoretical model proposed in this thesis and then consider the strategies that men use to negotiate masculinities over the life course.

7.2.1. Hegemonic masculinity and the field of masculinity

According to Connell (1995: 77), hegemonic masculinity refers to one form of masculinity that is culturally exalted over all others at a particular place and point in time (and by default rules out the possibility of multiple dominant masculinities). As the boundaries of hegemonic masculinity are narrow and limiting (though they can be challenged and transformed), few men actually meet the hegemonic ideal. Yet Connell (1995: 79-82)) suggests that most men are complicit in supporting hegemonic masculinity, despite being subordinated or marginalised by it, because from it they derive a patriarchal dividend that ensures men's collective power and privilege over women.

After interviewing 41 men aged between 19 and 78 from around Tasmania and analysing the data, I found that my own results did not fit neatly with Connell's theoretical concept of hegemonic masculinity. Certainly, the men interviewed discussed masculinity in relation to a culturally dominant ideal (i.e., hegemonic masculinity) suggesting that the concept is both real and relevant in the context of men's everyday lived experiences. Yet the vast majority of men interviewed did not support hegemonic masculinity. Some of the men interviewed supported elements of hegemonic masculinity that were congruent with their own abilities to perform hegemonic masculinity; however, as an ideal they rejected that it was superior to their own masculinity which did not necessarily wholly epitomise standards of hegemonic masculinity.

Furthermore, their lived experiences of masculinity were not of being subordinated or marginalised by hegemonic masculinity; to the contrary, they considered their own masculinity to be dominant in spite of being incompatible with, or varying from, the hegemonic ideal. Thus, the suggestion that there is only one dominant masculinity (hegemonic masculinity) at any given point in time is not necessarily how men perceive masculinity in their everyday lives. While they recognised that there was a culturally dominant archetype of masculinity pervasive in Australian society, they did not allow it to necessarily subordinate them at the individual level in the context of their everyday lives. Instead, they recognised that there were alternative dominant masculinities that were distinct from (and even argued superior to) hegemonic masculinity.

The findings from my research presented a conundrum whereby the results were incongruous with the dominant theoretical model used in the sociology of men's studies: namely the theory of hegemonic masculinity. Drawing on the work of Bourdieu, the concepts of habitus, capital and fields were introduced to Connell's notion of hegemonic masculinity to produce a theoretical model that was able to adequately explain how dominant masculinities are able to exist despite being subordinated by hegemonic masculinity. It also ably explained how and why men challenge and reject notions of hegemonic masculinity and provides a framework for the strategies men use to negotiate masculinities. I refer to this model throughout the thesis as *the field of masculinity*.

As a theoretical model, the field of masculinity recognises the validity of hegemonic masculinity as a theoretical concept within the broader framework of

the field of masculinity. Within the field of masculinity there are men who maintain a dominant position (orthodoxy) based on the value of the specific capital that they own. This dominant masculinity is what may be referred to as hegemonic masculinity. The culturally dominant masculine ideal is perpetuated by an elite few who gain from the hierarchical ordering of masculinities. For some, there is economic capital to be gained by commodifying and distributing an image of hegemonic masculinity and selling it to a mass consumer market. For others, they own the capital that is valued in the field of masculinity and thus defend hegemonic masculinity due to the privilege and status that it gives them in the field of masculinity *in relation to other men*. This notion that they support and defend hegemonic masculinity because of the position of dominance they gain in relation to other men is of central importance. They do not support it because they derive a patriarchal dividend over women. They support hegemonic masculinity for the privilege that it gives them over other men.

Men do receive a patriarchal dividend, but it is received in the field of gender. It is in the field of gender that men maintain a position of hegemony. They have the capital (economic, social, cultural and physical) that is most valued and are subsequently in the best position to aggressively defend and support their own hegemonic status over women. Thus, it is fair to say that the overwhelming majority of men do support male hegemony due to the patriarchal dividend that they receive in terms of power and status over women. But *male hegemony* and *hegemonic masculinity* are not to be conflated. They are hegemonies that exist in separate fields (though they do overlap). What this means ultimately is that men can support male hegemony and the subordination of women (in the field of

gender) while simultaneously challenging the dominance of hegemonic masculinity (in the field of masculinity). Describing gender in this way also allows one to legitimately discuss *hegemonic femininity* as the field of femininity is separate from both the field of masculinity and the field of gender, although they may overlap. This is something that is impossible to do using Connell's concept of hegemonic masculinity, as Connell uses the concept to hierarchically organise gender (both masculine and feminine). Hegemonic masculinity is the one culturally dominant ideal spanning both masculinities and femininities.

Considering masculinities within the field of masculinity also allows for a range of dominant masculinities to exist simultaneously. Within any given field there are struggles over power and position that necessarily result in a dichotomous relationship between those in positions of dominance (or hegemony) who defend their dominant position, and those who are subordinated by hegemony and attempt to challenge the superiority of the hegemonic order and struggle against their subordinated status. Positions within fields are determined by the value of capital that one owns. Those with valued capital are assigned privilege and status in the field while those with lesser valued capital are subordinated or marginalised. Those with valued capital are also best placed to influence the value of capital as well, thus in effect perpetuating their own privileged position (Webb et al., 2002: 22-23). However, the value of capital has capacity to be influenced and changed and therefore can be used to subvert the privileged position of others.

Within the field of masculinity, such a relationship exists between those who have the capital valued in the field of masculinity and assume a dominant masculine identity (hegemonic masculinity), and those with lesser valued capital who are in a subordinated position in relation to hegemonic masculinity. However, subfields also exist within the field of masculinity. These subfields also take on struggles over the value of capital and result in a dichotomous relationship of dominant versus subordinate (or hegemony versus counter-hegemony).

Therefore, although men may be subordinated by hegemonic masculinity within the field of masculinity, they may assume a dominant masculine identity in an alternate subfield in which the capital that they own is valued. Considering subfields within the field of masculinity allows for a range of dominant masculinities to exist (e.g., dominant gay masculinity, dominant aged masculinity, dominant working class masculinity, dominant black masculinity, dominant disabled masculinity) outside of the hegemonic masculine ideal.

Additionally, using the theoretical model of the field of masculinity, this thesis identifies the strategies men use to successfully negotiate masculinities over the life course that enables men to adopt dominant masculinities in their everyday lived experiences while ultimately being subordinated in relation to the culturally dominant, hegemonic masculine ideal.

7.2.2. Strategies for negotiating masculinity over the life course

In 1994 in the journal *Masculinities*, Thomas Gerschick and Adam Miller published a paper titled 'Gender Identities at the Crossroads of Masculinity and

Physical Disability' in which they described the strategies disabled men use to negotiate their own masculinities around the culturally dominant ideal of hegemonic masculinity. This was a groundbreaking paper in that it outlined a working model of men's masculinities that considered men's lived experiences of masculinity and contextualised it with the theory of hegemonic masculinity. In essence, the model they described comprises of three strategies to which men subscribe to varying degrees in terms of negotiating their masculine identities:

While no two men construct their sense of masculinity in exactly the same way, there appear to be three dominant patterns men with physical disabilities use to cope with their situations. These patterns can be conceived of in relation to the standards inherent in dominant masculinity. We call them the three Rs: *reformulation*, which entails men's redefinition of hegemonic characteristics on their own terms; *reliance*, reflected by sensitive or hypersensitive adoptions of particular predominant attributes; and *rejection*, characterized by the renunciation of these standards and either the creation of their own principles and practices or the denial of the importance of masculinity in their lives. However, one should note that no man *entirely* follows any one of these patterns in defining his sense of self. Rather, for heuristic reasons, it is best to speak of the major and minor ways each man uses these three patterns. (original emphasis, Gerschick & Miller, 1994: 36)

However, while this model adequately describes the strategies that disabled men may use to negotiate masculinities, it does not consider the reasons *why* some men prefer to use one strategy over another. Gerschick and Miller speculate that the age the disability occurs may be a factor as to the strategy the men use; however, they conclude that it is an area for future research.

After analysing the empirical data gathered for the purpose of this research project, the research findings determined similar conclusions to those of Gerschick and Miller in relation to strategies men use to negotiate masculinities over the life course. Similar to Gerschick and Miller, there were three

predominant strategies identified that men tend to use to varying degrees: analogous to the reliance strategy, there were men who tended to support hegemonic masculinity; and analogous to the rejection strategy there were men who chose to reject masculinity on the grounds that they perceived it as a socially constructed phenomenon to which they refused to subscribe to, preferring instead to see themselves as people first rather than male and masculine.

However, there were subtle variations between my own results and those of Gerschick and Miller. The most significant difference was the break from the reformulation strategy described by Gerschick and Miller. The findings from this research project suggested that men are able to negotiate masculinities in a number of significant ways that allow them to support a range of dominant masculinities. This includes: drawing on elements of hegemonic masculine traits to form their own mosaic masculinities which they perceive as dominant and superior in relation to other masculinities; drawing on their hegemonic position in other fields to emphasise a dominant position in the field of masculinity; and by drawing on their dominant position in relation to other men in subfields within the field of masculinity. In supporting alternative dominant masculinities away from the hegemonic ideal, these men were able to both challenge the dominance of hegemonic masculinity and avoid being subordinated by it in the context of their everyday lives. They perceived their own masculinity as dominant in relation to other men.

The other significant difference was contextualising the findings not only with the theoretical concept of hegemonic masculinity, but also with Bourdieu's concepts

of habitus, capital and fields within the boundaries of the theoretical model of the field of masculinity. Doing so determined why men prefer to use one strategy over another. Habitus generically describes how and why men use strategies to negotiate everyday situations while fields describe the arenas of production and struggle in which actors operate. Together they form men's practices. However, it is capital that is the determining principle in why men use the strategies that they do. The capital that one owns and the value of that capital in the field of masculinity determine one's position within the hierarchical structure of the field of masculinity. Those men who own the physical, social, economic and cultural capital that is most valued in the field of masculinity gain status and privilege. Consequently, they are more likely to support hegemonic masculinity as a strategy for negotiating the field of masculinity as in doing so they defend the legitimacy of their dominant position over other men and the ensuing privileges associated with dominancy.

For men who have very little capital valued in the field of masculinity, they are more likely to reject masculinity (willing the inevitable) rather than admit to being rejected by masculinity (or at the very least, definitions of hegemonic masculinity). They are more likely to view masculinity as a socially constructed phenomenon that has been fabricated to privilege some at the expense of others. Consequently, they reject being subordinated by it by rejecting or denying the importance of masculinity in the context of their own lives.

Most men, however, use the strategy of supporting other dominant masculinities in the field of masculinity. They do not own the capital that gives them status and

privilege and they are thus relegated to a position of subordination in the field of masculinity. However, they challenge orthodoxy and the legitimacy of hegemonic masculinity by supporting other dominant masculinities in alternative subfields within the field of masculinity. For some men, this means developing mosaic masculinities by drawing on those elements of hegemonic masculinity that values the capital that they own and rejecting or challenging those aspects that relegates them to a subordinate position in relation to other men. An example of this might be someone who has economic capital and a professional network that leads to valued social capital, but they may be short in stature, unattractive and overweight; physical capital that is not highly valued in the field of masculinity. They may therefore be inclined to place more emphasis on their career and wealth in relation to their masculinity and refute the importance of the male body or appearance.

Other men may support alternative dominant masculinities by drawing on their hegemonic position in other fields, both outside the field of masculinity and within. For example, some men draw upon their hegemonic position in relation to women in the field of gender and transpose this to the field of masculinity. They challenge hegemonic masculinity by conflating male biology with masculine behaviour thus undermining the hierarchy of masculinities in the field of masculinity and insisting that all men are equally masculine by virtue of their maleness.

For other men whose capital is devalued in the field of masculinity, they may find that their capital is valued in subfields in the field of masculinity and thus tend to

operate in those subfields where they maintain a position of dominance over other men. While the subtle variations in the value of capital between individuals means that no two men experience or negotiate masculinity in identical ways, it is possible to identify patterns in the strategies men use to negotiate masculinities based on the value of capital and men's position in the field of masculinity.

7.3. Understanding health and ageing

Understanding why men negotiate masculinities in the ways that they do provides an insight into understanding why they may adopt behaviours that place their health at risk. It also provides insight into where resources might be targeted to change men's behaviours without impinging on their masculine identities that has the potential to positively impact on their health and wellbeing. The next section will consider how health and ageing influence men's masculinities in the field of masculinity, and the contribution that this research makes to the study of men and masculinities.

7.3.1. Health in the field of masculinity

While much of the sociological literature produced to date in relation to men's health issues has focused on how men perform masculinity to the detriment of their health (O'Dowd & Jewell, 1998; Connell, 2000; Sabo, 2000; Watson, 2000; White, 2002a), the focus of this thesis has in part been on how health is valued in the field of masculinity and the paradoxes associated with men's health and masculinities. Performing masculinity is not always damaging to men's health. Men are also capable of performing masculinity in ways that positively impacts

upon their health, such as engaging in physical exercise. Furthermore, this thesis underscores the importance of considering men's own personal understandings of health in addition to those of health professionals; behaviours viewed by health professionals as potentially damaging to men's health (such as smoking and heavy drinking) may be viewed by the men themselves as being beneficial for their personal wellbeing and mental health.

In relation to the field of masculinity, health is intrinsically linked to masculinity in that it is an important component of one's physical capital. Good health implies that the body is strong and able, impervious to pain and immune to disease or illness. It speaks of a body that is virile and potent; a body that is competent and in control. Poor health, in turn, suggests the body is weak and fragile and places a person in the position of being dependent on others. Thus, the ideal male body that is most valued as physical capital in the field of masculinity is also a healthy male body. Consequently, some men are inclined to take particularly good care of their health by engaging in regular physical exercise and eating nutritious food as a means of preserving their physical capital and their privileged position in the field of masculinity.

The problem with health being intrinsically tied to physical capital in the field of masculinity is that physical capital is valued for what it symbolises or represents. Consequently, being healthy may not be as important as looking healthy. Projecting an image of good health affords one all of the privileges in the field of masculinity as actually being healthy. It is looking healthy that is associated with being strong, powerful, potent and in control. Thus, some men are prepared to

paradoxically risk their health for the sake of looking healthy (such as bodybuilders who use steroids or sports stars who take to the field with injuries). Moreover, engaging in risk taking activities in order to project an image of good health is also associated with dominant standards of masculinity (such as bravery, toughness, fearlessness, invulnerability) thereby adding further incentive to neglect or risk health for the sake of appearing to be masculine.

For men who do not have, or are unable to obtain, the physical capital of the idealised healthy male body most valued in the field of masculinity, they are able to negotiate their own dominant standards of health and challenge the status of the ideal image. Drawing on other dominant standards in the field of masculinity, they may engage in risk taking behaviour or perform masculinities in ways that places their health in harms way. Yet they may perceive these activities as being beneficial for their health and wellbeing, as well as maintaining the value of their physical capital in the field of masculinity. In this way they are able to protect the capital that they have that is valued in the field of masculinity and continue to engage in activities that paradoxically may be damaging to their health in the name of good health.

An example might be someone who is overweight and abuses their body with the over-consumption of alcohol. Not having a body that exemplifies health that is valued in the field of masculinity, they draw on elements of hegemonic masculinity in which the capital they do own is valued: a body that can consume vast amounts of alcohol. To quit drinking would only strip them of the capital that they have and place them in a less privileged position in the field of

masculinity. Consequently, drinking affirms their standing in the field of masculinity and makes them feel better about themselves; ergo, heavy drinking is good for their wellbeing.

Those men who use the strategy of rejecting masculinity are much freer to engage in health promoting activities. These men usually have little capital of value in the field of masculinity and therefore do not lose position in the field of masculinity by refusing to perform masculinity in ways that damages their health. They are unencumbered by the pressures to perform dominant standards of masculinity that other men are inclined to succumb to. Thus, I contend that health and masculinity have a complex (if not tumultuous) relationship. It is not enough to suggest that performing masculinity damages men's health. Within the field of masculinity, health is valued differently by individual men and its meaning and value is often the site of contestation and vigorously challenged. In order to fully appreciate men's health issues, one must understand how men value health at the individual level and how this interplays with men's masculinities.

7.3.2. Ageing in the field of masculinity

While class, ethnicity, sexual orientation and disability have been studied in-depth in relation to men's masculinities, issues associated with age and ageing have been left at the fringes of men's studies. Although it is generally acknowledged that masculinity is a fluid concept that changes over the life course (Connell, 1995; Kimmel, 1995; Whitehead, 2002), very little attention has been paid to middle-aged and older men's masculinities (Thompson Jr., 1994; Hearn, 1995; Whitehead, 2002). Therefore, this thesis makes a serious contribution to the study

of men's masculinities by endeavouring to gain understanding into how men from a range of ages negotiate masculinities, and how the ageing process impacts on men's masculinities over the life course viewed through the theoretical lens of the field of masculinity.

Ageing becomes a significant factor in how men negotiate masculinity as it impinges considerably on men's physical capital. In terms of negotiating masculinity within the field of masculinity, many of the younger men interviewed tended to support hegemonic definitions of masculinity that involved images of youthful, lean, smooth male bodies. Having the physical capital that was most valued in the field of masculinity afforded them status and privilege in relation to other men. They were typically unconcerned by ageing issues. These men were more concerned with other aspects of their bodies that did not conform to the ideal (such as being too thin or overweight) than they were with the physical manifestations of ageing such as hair loss or wrinkles. Being young gave them access to hegemonic masculinity through the value of their physical capital; access denied to older men.

Yet middle-aged and older men were able to successfully negotiate the loss of value of their physical capital as a consequence of ageing. Some men placed additional emphasis on other forms of capital that afforded them privilege and status in the field of masculinity, such as wealth (economic capital) and life experience (cultural capital). Ageing and its relationship with physical capital only formed part of their masculine identities. Middle-aged and older men were also able to successfully negotiate the ageing process and the inevitable loss of

value of their physical capital by operating in the field of aged masculinity (a subfield within the field of masculinity). Within the field of aged masculinity, the aged body had value not in relation to younger men's youthful male bodies, but was valued relatively in relation to other men of a similar age. Thus, one could have valued physical capital in the field of aged masculinity by being in good physical condition for one's age and in relation to other men of a similar age.

Operating in the field of aged masculinity meant that these men could maintain a dominant masculine identity. They did not necessarily feel subordinated by hegemonic masculinity or that the devaluation of their physical capital as a consequence of ageing gave them relegated status in the field of masculinity. Many of the men even challenged the hegemonic position of youthful masculinities suggesting that it was inferior to middle-aged and older men's masculinities. While some of the middle-aged and older men developed anxieties over their ageing bodies and the devaluation of their physical capital in the field of masculinity, most men were content to negotiate their masculinity to accommodate for their age and ageing bodies.

Like class, ethnicity, race, health status and sexual orientation, age plays a key role in how men define, understand, and negotiate masculinities in the context of their everyday lives. This thesis provides an understanding of how men negotiate masculinities over the life course and what masculinity means to men of different ages contextualised within the field of masculinity.

7.4. Men's health issues

Research is a key aspect of any decision making process in relation to policy. Research that is useful, timely, relevant and accessible, has the capacity to inform policy and influence the decision making process (Lin & Gibson, 2003; Graycar, 2004; Saunders & Walter, 2005). In relation to men's health in policy and practice, it is necessary to gain the professional opinion of social scientists' understanding of maleness and masculinities as a personal, cultural, and social phenomenon (Watson, 2000: 2). It is through an understanding of men's everyday experiences of health that practical policies can be adequately developed.

Through an understanding of how men negotiate health and masculinity and what it means to them over the life course, and the impact of ageing on men's masculinities and men's health, the results of this research could be successfully used in the structuring of policy related to men's health. As Connell et al. state:

The effects studied in 'men's health' arise in this interplay between the materiality of bodies and the complex social processes of gender ... These health effects are subject to change, because of historical changes in gender as well as the changing properties of bodies and their material environments. There is, therefore, always scope for policy intervention in this field. (1999: 61)

Moreover, if we come to understand why men behave in ways that are damaging to their health then it is possible to target those behaviours through government policy and programs in an effort to get men to change their attitudes towards some of the damaging behaviours that men perform to the detriment of their own health and the health of others. There is genuine optimism for potential change in men's

behaviours that impinge on men's health (Connell, 2000: 194-195). As hegemonic masculinity is a fluid concept that has the capacity to change, there is every reason to believe that the culturally dominant ideal could further accommodate health promoting behaviours.

In addition to this, understanding the relationship between health and wellbeing, and the importance of performing masculinity to men's personal sense of health and wellbeing, provides greater understanding of the paradox of why men choose to forsake their health for the sake of their health. Getting to know how men experience health and what health means to men is essential for opening and maintaining the lines of communication with men on men's health issues.

The results of this research show that men are capable of successfully negotiating masculine behaviours in order to improve their standing in the field of masculinity. This means that if men come to view health as a valued resource in the field of masculinity, then there is potential for men to alter their behaviour in ways that will promote good health and improve men's health generally. The difficulty at the moment is that there are paradoxes that exist between men's health and masculinity. While health is valued in the field of masculinity, it is valued for what it represents. Some men are therefore inclined to focus on looking fit and healthy (e.g., taking steroids to build muscles) rather than on adopting healthy behaviours (e.g., eating nutritious food).

Furthermore, where men fail to live up to images of good health valued in the field of masculinity, they negotiate definitions of health to accommodate their

situation and protect the capital that they have that is valued in the field of masculinity. For example, for those who gain status in the field of masculinity by adopting behaviours that are valued (risk taking activities, violence, binge drinking) they are inclined to negotiate what health means to them by viewing such activities as positive for their overall health and wellbeing. In doing so, they avoid having to take responsibility for their health while maintaining their privileged position in the field of masculinity at the expense of their health.

A potential strategy for overcoming the paradoxes associated with men's health and masculinities is to put in place policy that focuses on men *being* healthy (as opposed to simply looking healthy) as an integral element to definitions of hegemonic masculinity. Emphasising being healthy as a valued attribute in the field of masculinity that gives men status would encourage more men to adopt healthy behaviours. To this end, this also involves discouraging men from engaging in risk taking behaviours that have the potential to result in poor health for the sake of appearing healthy and masculine (such as men with sports injuries taking painkillers and then taking to the field to compete). If being healthy were promoted as masculine, and unhealthy behaviours targeted as damaging not only men's health, but also damaging men's position in the field of masculinity, more men may adopt healthy lifestyle behaviours in an effort to gain status and privilege in the field of masculinity.

7.5. Future research

This research has explored men's lived experiences within the field of masculinity and the interplay between men's health and men's masculinities. The crux of the thesis, however, centred on certain themes in relation to men in the field of masculinity: namely, health, ageing and the body as physical capital. Yet this only considers part of the matrix of men's masculinities. Economic capital, social capital and cultural capital all need to be considered more rigorously in terms of how they affect men's status within the field of masculinity. Moreover, how men weight the worth of different forms of capital also becomes important in terms of how men negotiate the field of masculinity.

Time constraints and funding meant that there were limitations to this research. While the issue of ageing was considered as a key concept in the field of masculinity, it was not possible to delve in any real depth into other equally pertinent issues, such as class and ethnicity, and how they influence men's masculinities, and in turn, men's health issues. Thus, added research is required relating to how class, ethnicity, disability and sexual orientation influence men's positions and status within the field of masculinity and the ways in which they impinge on different capital (i.e., economic, social, cultural and physical).

Essentially, this thesis has exposed a new way of contextualising men's experiences of masculinities by considering men's place within the field of masculinity and how they negotiate this position. The theoretical findings from this research open up new fields of exploration in relation to men's masculinities. Furthermore, the concepts of fields, capital and habitus are not exclusively the

domain of men within gender theory. Further inquiry needs to be conducted into the relationship between men and women in the field of gender and the struggles over capital therein, as well as how the field of masculinity influences patriarchy in the field of gender. The concept of fields, capital and habitus also opens up potential for discussions of a field of femininity, and what capital is specifically valued therein to expose the concept of hegemonic femininity.

7.6. Conclusion

This chapter has discussed how the theoretical concept of the field of masculinity may be used to explain how men negotiate masculinities over the life course. In particular, the chapter focused on the paradoxes of the interplay between men's health and masculinities, and the impact that ageing has on men's physical capital and how this affects their position in the field of masculinity. The chapter provides a summary of the findings and outlines the potential of this research to contribute to the current evidence base in the field of men's masculinities and in considering men's health issues.

The concept of the field of masculinity provided the theoretical framework for the research. Drawing on the work of Connell and Bourdieu, I developed a theoretical model I refer to as the field of masculinity in which the value of men's capital within the field determined their position and status. Those with valued capital maintained a dominant position within the field of masculinity and were more likely to support hegemonic masculinity, not because of a patriarchal

dividend, but because in doing so they supported their own privileged position over other men.

Those men who did not have the valued capital to gain a privileged position in the field of masculinity, in turn, challenged the legitimacy of hegemonic masculinity as defining social expectations of masculinity. In doing so, they attempted to subvert hegemonic masculinity either by supporting other dominant masculinities within the field of masculinity, or by rejecting masculinity as a socially defined phenomenon imposed upon them by others and having little, if any, meaning in the context of their everyday lives.

Health status as a variable in the field of masculinity was also considered. Although much of the debate in men's health literature has tended to focus on the damaging influence of men's masculinities, this thesis identified that men's masculinities also have the potential to impact positively on men's health. However, it is the image of health rather than being healthy that is most valued in the field of masculinity. Consequently, men continue to engage in risk taking and other activities that have a negative impact on their health for the sake of appearing masculine and (paradoxically) healthy.

Age and ageing were also considered within the boundaries of this thesis. In particular the thesis focuses on men's ageing bodies and the consequences this has on men's masculinities where it is the youthful, lean, smooth, muscular male body that is most valued in the field of masculinity. This is an area that has been particularly neglected in the study of men's masculinities, most notably in relation

to older men's bodies. Consideration was given to the strategies that middle-aged and older men use to negotiate their position in the field of masculinity with the devaluation of their physical capital with age, and opened up the concept of a field of aged masculinity as a subfield within the field of masculinity in which middle-aged and older men are able to negotiate a dominant position relative to other middle-aged and older men.

This chapter also considered the practical implications of the research and the ways in which this thesis contributes to the current evidence base in men's health, masculinities and ageing. The results of this study not only complement studies already undertaken in the field of the sociology of the body, social gerontology, men's health, and the study of men's masculinities, but also provide empirical data on the lived experiences of Australian men of different ages that is missing in men's health research. The findings contribute to the sociological understanding of men's masculinities through the theoretical concept of the field of masculinity, and consideration of the strategies men use to negotiate masculinities over the life course. Furthermore, this research considers the nexus between men's health and masculinities and identifies the paradoxes that exist therein, as well as the potential for change.

*** **

Appendix A

Information Sheet

Managing Health and Masculinities: Negotiating Identities over the Life Course

My name is Tony Coles and I am currently doing research into men's health as a requirement towards a Ph.D. degree in sociology at the University of Tasmania.

The aim of the study is to investigate how different generations of men understand their bodies and their health in their everyday lives, and how this might be related to men's concepts of masculinity. I also wish to examine the ways in which concepts of masculinity might shift as a result of changes associated with health and ageing. This study will benefit men as a result of improved practical health policies for men which will be achieved through a better understanding of men's everyday experiences of health, their bodies, and ageing.

I am seeking men over the age of 18 from different age groups (young, middle-aged and older men) from around Tasmania, including both rural and urban locations. Participation in this study will involve an interview lasting approximately one hour, which will be tape recorded on an audio cassette. The questions will involve your thoughts on men's health, men's bodies, and masculinity and how you make sense of them in your life.

No findings which could identify any individual participant will be published. The anonymity of your participation is assured by our procedure in which all names and any other identifying information will be changed or omitted from the final report. Information provided by you will be treated in confidence and only myself and the chief investigator, Professor Rob White, will have access to the data. All data (including tapes and transcriptions) will be securely stored under lock and key within the Department for five years as prescribed by University regulations, after which time it will be destroyed.

Participation in this project is conducted on a voluntary basis. You may withdraw your consent at any time. You can also refuse to answer particular questions, or terminate the interview at any stage. Withdrawing from the project or refusing to answer questions will not affect the way you are treated by the interviewer. A report summarising the results will be made available to participants upon request.

If you have any questions regarding this project I will be more than happy to answer them at any time. My phone number during office hours is (03) 6226 2432 or (mobile) 0400 555 123. If you require more information about the study then please feel free to contact either myself on one of the phone numbers above or Professor Rob White on (03) 6226 2877.

This project has received approval from the Southern Social Sciences Human Research Ethics Committee. However, should you have any complaints concerning the manner in which this research project is conducted, please do not hesitate to contact either the Executive Officer or the Chair of the Southern Social Sciences Human Research Ethics Committee on the following phone numbers:

Ms Amanda McAully
Executive Officer
Ph: (03) 6226 2763

A/Prof. Margaret Otlowski
Chair of Ethics Committee
Ph: (03) 6226 7569

Thank you for your participation

Tony Coles

Appendix B

Consent Form

Managing Health and Masculinities

Statement by Subject:

- I have read and understood the “Information Sheet” for this study.
- The nature and possible effects of this study have been explained to me.
- I understand the study involves the following procedure:
 - a tape recorded interview of no longer than 1 (one) hour’s duration.
- I understand that some of the questions deal with issues of a sensitive or personal nature; however, the answers will not be able to be traced back to me, no names will be used, and there will be no way to identify who has specifically said what.
- I understand that all research data will be treated as confidential.
- Any questions that I have asked have been answered to my satisfaction.
- I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.
- I understand that my participation in this study is voluntary and that I can choose not to participate in part, or all, of the project.
- I agree to participate in this investigation and understand that I may withdraw at any stage of the project without prejudice.

Name of

Subject: (please print)

Signature

of Subject: Date:/...../.....

Statement by Investigator / Interviewer:

I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that they understand the implications of participation.

Name of

Investigator:

Signature of

Investigator: Date:/...../.....

Appendix C

Details about interview participants

Name: Aaron
Age: 50 years old
Employment: Unemployed
Nationality: Australian
Marital status: Divorced, one adult son.

Name: Bert
Age: 45 years old
Employment: Unemployed (disability pension)
Nationality: British
Marital status: Single, no children.

Name: Chad
Age: 26 years old
Employment: Mechanical engineer
Nationality: Australian
Marital status: Single, no children.

Name: David
Age: 27 years old
Employment: Postgraduate student
Nationality: Australian
Marital status: Single, no children.

Name: Edgar
Age: 19 years old
Employment: Undergraduate student
Nationality: Australian (Aboriginal)
Marital status: Single, no children

Details about interview participants

Name: Frank
Age: 31 years old
Employment: Postgraduate student
Nationality: Australian
Marital status: De facto relationship, no children

Name: Gary
Age: 34 years old
Employment: Architect
Nationality: Australian
Marital status: Married, no children

Name: Harold
Age: 71 years old
Employment: Retired
Nationality: Australian
Marital status: Single, no children

Name: Ian
Age: 78 years old
Employment: Retired
Nationality: Australian
Marital status: Married, three children

Name: James
Age: 53 years old
Employment: Social worker
Nationality: Australian
Marital status: Divorced, two children

Details about interview participants

Name: Kenneth
Age: 72 years old
Employment: Retired
Nationality: German
Marital status: Married, five children

Name: Lawrence
Age: 32 years old
Employment: Priest
Nationality: Australian
Marital status: Married, no children

Name: Martin
Age: 49 years old
Employment: Unemployed (disability pension)
Nationality: Australian
Marital status: Divorced, one child (estranged)

Name: Nathan
Age: 42 years old
Employment: Hotel porter
Nationality: Slovenian
Marital status: Married, no children

Name: Oscar
Age: 25 years old
Employment: Musician
Nationality: Australian
Marital status: Single, no children

Details about interview participants

Name: Patrick
Age: 69 years old
Employment: Retired
Nationality: Dutch
Marital status: Married, five children

Name: Quentin
Age: 26 years old
Employment: Social worker
Nationality: Australian
Marital status: Married, no children

Name: Roger
Age: 49 years old
Employment: Unemployed
Nationality: South African
Marital status: Divorced, two children

Name: Steven
Age: 56 years old
Employment: Technical and Further Education (TAFE) teacher
Nationality: Australian
Marital status: Married, two children

Name: Thomas
Age: 58 years old
Employment: Financial consultant
Nationality: Australian
Marital status: Married, one step-child

Details about interview participants

Name: Umberto
Age: 50 years old
Employment: Carpenter
Nationality: Australian
Marital status: De facto relationship, no children

Name: Victor
Age: 56 years old
Employment: Small business owner
Nationality: Australian
Marital status: Married, two children

Name: William
Age: 58 years old
Employment: Part-time call centre telephonist
Nationality: American
Marital status: Married, two children

Name: Xavier
Age: 24 years old
Employment: Postgraduate student
Nationality: Australian
Marital status: Single, no children

Name: Yoav
Age: 22 years old
Employment: Receptionist
Nationality: Australian
Marital status: Single, no children

Details about interview participants

Name: Zachary
Age: 44 years old
Employment: Secondary school teacher
Nationality: Australian
Marital status: Married, two children

Name: Alfred
Age: 28 years old
Employment: Corporate manager
Nationality: Australian
Marital status: Single, no children

Name: Benjamin
Age: 45 years old
Employment: Furniture maker
Nationality: Australian
Marital status: Single, no children

Name: Charlie
Age: 62 years old
Employment: Retired
Nationality: British
Marital status: Single, no children

Name: Dirk
Age: 52 years old
Employment: Counsellor
Nationality: Australian
Marital status: Married, five children

Details about interview participants

Name: Eugene
Age: 31 years old
Employment: Hotel porter
Nationality: Australian
Marital status: Single, no children

Name: Frederick
Age: 23 years old
Employment: Computer technician
Nationality: Australian
Marital status: Single, no children

Name: Gus
Age: 28 years old
Employment: IT Graphic designer
Nationality: Australian
Marital status: De facto relationship, no children

Name: Henry
Age: 31 years old
Employment: Human resource manager
Nationality: Australian
Marital status: De facto relationship, no children

Name: Isaac
Age: 63 years old
Employment: Newspaper columnist
Nationality: New Zealander
Marital status: Married, two children

Details about interview participants

Name: Jacob
Age: 68 years old
Employment: Retired
Nationality: Polish
Marital status: Married, two children

Name: Karl
Age: 74 years old
Employment: Retired
Nationality: Australian
Marital status: Widowed, three children

Name: Lionel
Age: 77 years old
Employment: Retired
Nationality: Australian
Marital status: Married, four children

Name: Mervin
Age: 39 years old
Employment: Bar manager
Nationality: Irish
Marital status: Married, two step-children

Name: Neville
Age: 36 years old
Employment: Butcher
Nationality: Australian
Marital status: Married, five children

Details about interview participants

Name: Orson
Age: 64 years old
Employment: Small business owner
Nationality: Australian
Marital status: Divorced, two children

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